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PROGRESS IN MENTAL HYGIENE

For the detection of mental and emotional disturbances in their early (and, therefore, hopeful) stages, few professional workers occupy more strategic positions than public health nurses. The nurse herself has long recognized this, yet, since rarely did her student training provide enlightenment on the extra-institutional aspects of these disorders, she has felt a rightful reluctance to approach a field whose possibilities for mismanagement she is acutely aware of. In an attempt to supply this lack of student training in a vital subject, a number of public health and visiting nurse organizations have developed mental hygiene programs for their staffs. At present eight such agencies are known to have established more or less elaborate programs of this nature. Descriptions of these projects have appeared in recent issues of THE PUBLIC HEALTH NURSE.

The value of such enterprises, when properly supervised and conducted, is not easy to over-estimate. The individual nurse benefits from participation in a mental hygiene program by reason of an increased understanding of the true nature and sources of her personal problems. Thus is she enabled to effect better adjustments in her own life. Such personal understanding is, in turn, followed by a clearer comprehension of her patient's difficulties, with a consequent increase in her efficiency as a nurse.

Nursing organizations adopting this plan likewise benefit. They report a more lucid and rapid grasp of the essentials of family adjustment resulting in a marked diminution of expenditures in time and money when the emphasis of treatment is correctly placed. This is made possible by the new-gained recognition that numerous cases, long un-responsive to conventional procedures of physical medicine, have the roots of their illness imbedded in the emotional realm rather than the organic. Under such circumstances the referral of patients like this to suitable psychiatric clinics serves to lighten the load on the visiting nurse and the treasury alike.

In a not dissimilar way the community also benefits. Early recognition by a nurse sensitized to the possibilities involved, and appropriate treatment of mental difficulties among adults, or be-

havior problems in children at an early stage, implies increased likelihood of early cure. Early cure means increased happiness and efficiency with an early return to a status of self-support. Drains on public resources as well as on private funds are thus lessened, and both energy and dollars are released for added service in their proper fields.

Undoubtedly the future will witness a rapid expansion of mental hygiene programs among public health nursing activities. The experimental stage already has passed and techniques of established value now are available to organizations prepared properly to use them. The work is not without pitfalls, however, and the secret of success would seem to lie largely in the type of training and point of view of the mental hygiene supervisor who organizes these programs. The necessary training is highly specialized and, unhappily, few nursing agencies possess staff members adequately conversant with the intricacies of the problem.

At present the most satisfactory method of surmounting this obstacle is probably the enlistment of one in an allied field: the psychiatric social worker. A well trained person of this kind with mature judgment and wholesome personality will fit in harmoniously with a nursing group and assist the latter vastly in an augmenting of their already high degree of efficiency.

GEORGE K. PRATT, M.D.
National Committee for Mental Hygiene

We are somewhat timorously venturing to call this issue of the magazine a mental hygiene number. We consider it quite an epoch in our progress that in the short space of two and a half years we have sufficient accomplishment and proved experiences in our mental hygiene services to make this magazine venture. To the pioneers in this field we offer our congratulations. It is owing to their intelligent idealism, their courage and their imagination that this most delicate, appealing, and supposedly most difficult "health problem" has been met and conquered. Within this past month a member has been added to the mental hygiene staff of one of the public health nursing services, who in addition to her very varied public health nursing experience, has been a medical social service worker, is a graduate of Smith College School of Social Work, and has had a year's field work with habit clinics. How short a time it is since a desire to acquire this knowledge and experience would have been given any encouragement or the opportunity to make use of it! It is now time to acquire a nomenclature. That is unquestionably brought out in our summary of articles so far published.

It is just a year since the short story contest conducted by this magazine closed. Believing that time heals all wounds, even those inflicted by the harsh judges who rejected over a hundred manuscripts in the contest, we are hazarding, for the profit of our readers, some of the comments of the judges. These opinions were stated spontaneously, individually, ingenuously. They do not apply to all the stories, but should encourage those of us who have a desire to write to keep on writing. "The way to learn to write is to write"—and contests such as this are merely opportunities to test one's skill, not the final dictum of the literary world. As a panacea for those who felt troubled by the judges' decision, be it noted that they agreed on the prize winners only after repeated

readings of the stories, and that even their comments as printed here are not in entire accord!

"The spirit of the papers is remarkable. They are direct, essentially objective—concerned with the patients and their needs rather than with emotions and experiences of the nurses, important enough though these would be. They are full of humankindness at its best—informed by science and expressed with skill. They are democratic in the best sense. One notes the unaffected respect with which the patient and family are regarded in almost all the stories."

"I am wondering whether, after all, we are a rather self-conscious, rather egotistical group. I was very much impressed with the fact that in almost every story the glorification of the nurse was brought out rather than the splendid service. This, of course, may be due entirely to the literary handicap. The thing which interested me particularly was the fact that they failed often, it seemed to me, because of the impossibility of forgetting their own personalities."

"My one criticism of many of the stories would be that there was a note of self-pity running through a good many of them, as if the nurses were the only workers in the world who were put upon, who made sacrifices, who worked harder than their neighbors. Actually, I think that anybody who puts her heart and soul into her work, has moments of intense depression when she wonders if anything is worth while."

"Art, including the art of the short story, is a form of play and hence quite useless, except by way of exercising the soul. The artist, by definition, is completely irresponsible. Or rather, he is responsible only to the strict morality of his art, which forbids him to serve other masters, no matter how holy the garments they wear. Some contestants failed, in other words, in the first duty of the artist, which is to lose himself in order to gain a vision of the world and its creatures, including himself; to see them in fact, very much as God sees them; to create without purpose; to exhibit without judging. On the other hand some of the writers succeeded rather notably. Let's have more of them. There is no reason why public health nurses shouldn't be writers—artistic writers—as well. In fact a little aesthetic exercise of this sort might conceivably make them better public health nurses."

We believe the suggestions for story writing given by Mary Carter Roberts in her article "Deferential Afterthought" will be useful to those of our readers who are also writers.

CONCERNING DRAGONS

CHILD

Are *all* the dragons fled?
Are all the *goblins dead?*
Am I *quite* safe in bed?

NURSE

Thou art quite safe in bed,
Dragons and goblings
ALL ARE DEAD

CHILD

When Michael's angels fought
The dragon, was it caught?
Did it jump and *roar?*
Oh! Nurse, don't shut the door.
And did it try to *bite?*
Nurse, don't blow out the light.

NURSE

Hush, thou knowest what I said,
Saints and dragons all are dead.

FATHER
(to himself)

O child, Nurse lies to thee,
For Dragons thou shalt see.
Please God that on that day
Thou mayst a dragon slay.
And if thou dost not faint,
God shall not want a Saint.

A rhyme by H. D. C. P., Engravings by A. E. R. G., printed at S. Dominic's Press for The Poetry Book Shop, 38 Great Russell Street, W. C. 1, London.

A Mental Hygiene Program for Staff Nurses

By Glee Hastings
Mental Hygiene Supervisor, Henry Street Visiting Nurse Service, New York City

Eighth in a series of Reports on Mental Hygiene Programs for Public Health Nursing Services

SINCE the middle of April 1927, the Henry Street Visiting Nurse Service, with the coöperation of the National Committee for Mental Hygiene, has been developing a mental hygiene program for its nursing staff. The primary object of the program has been to study the possibilities of the public health nurse in the field of mental hygiene. To what extent may the public health nurse be an asset in helping educate the public to an appreciation of what mental hygiene has to offer in the way of health opportunities? Given a certain amount of training and supervision, should not the staff nurse be of real service in detecting mental and emotional disturbances in their incipient stages and in directing her patients to psychiatric sources for help?

The Henry Street nursing staff consists of an average of two hundred graduate nurses, all of whom come from accredited schools of nursing, and are high school graduates. There are some college graduates on the staff, as well as college women serving as supervisors of the center offices.

PROGRAM

The general plan of the mental hygiene program, conducted under the supervision of a trained psychiatric worker provided by the National Committee for Mental Hygiene, has proved to be practical and workable.

One hour conferences have been conducted every two weeks in each of the center offices. The conference period has consisted of a lecture by the mental hygiene supervisor on some special mental hygiene problem, followed by questions and discussion on the part of the staff. Part of the conference hour has been devoted to a case discussion of problems referred by the staff, and noted by them in their field work.

General interest among the staff nurses in the subject of mental hygiene has been stimulated by making available to them suggestive reading lists, pamphlets, and recently published books. A book fund has made it possible to secure a considerable number of books on psychiatry and mental hygiene for the library at the nursing headquarters.

The mental hygiene supervisor has given close supervision in the matter of assembling mental hygiene histories to be submitted to the various psychiatric clinics to which patients have been referred for study and treatment. Special outlines, giving the essentials for an adequate mental hygiene history, have been provided to help the nurse in her history writing. Before being forwarded to a psychiatric clinic, each history is submitted to the mental hygiene supervisor for criticism and suggestion. In many instances the nurse interested in the case has an individual conference with the supervisor in regard to the details of the history as well as in regard to the best ways and means of handling the case.

Field trips for the nurses that would give them some idea of what is being done along institutional lines for mental cases and delinquents, would be very helpful, but here one is handicapped by what seems to be an insurmountable lack of time. This year only one such field trip was accomplished.

SUPERVISION IN THE HOME

Another important phase of the program has been supervision of the nurses in their own handling of minor mental hygiene problems in the home. The nurse has proved her ability to solve successfully many of the less serious mental hygiene problems involving habit-correction and habit-training. The nurse comes into direct contact with the child of pre-school age who may be developing habits which will mean trouble for himself and his family in later years, who does not have the advantage of a Nursery

School training, and who will not, except in extreme cases, come to the attention of a child guidance clinic. She has an opportunity to do very real preventive work with these young children in the days when it is most needed and will be the most effective. The nurses have had good success with such troublesome problems as temper tantrums, enuresis, food fads, suggesting to a mother how to overcome her child's fussiness, or convincing a doting father that it is his fault if his child is spoiled and disagreeable.

The friendly and natural contact which the nurse has with the families under her care is a valuable asset to her usefulness as a mental hygiene worker. The nurse comes into the home, and does something for the sick person, something with her hands, which the family, no matter how stupid it is, can see and appreciate. It is the exceptional family which is not grateful for her services. What more natural, then, than that she should advise the mother in regard to Johnny's temper tantrums as well as urge prophylactic treatment to protect him against diphtheria. In helping a family to better conditions of health, it is impossible to draw a clear line of demarcation between mental and physical well being. The nurse is only half doing her job if she cares for one aspect of health and ignores or neglects the other.

Difficulties in the Program

A serious detriment to good mental hygiene work on the part of the staff nurse has been lack of time. The visiting nurse has a full schedule; she works under pressure. Mental hygiene work, if it is to be satisfactory and worth the effort, must be done carefully; it cannot be rushed through. Because of this lack of time, the staff nurse often overlooks or neglects mental hygiene problems, fearing she will neglect a case of acute illness, or lower the standard of her general nursing work. It is easier and less disturbing to look the other way and not see a mental hygiene problem at all than it is to attempt to take care of the situation, and do a half-way job, or run the chances of neglecting cases of physical illness. Limited time also interferes with the writing of satisfactory mental hygiene histories and hinders satisfactory follow-up work on cases which the nurse has undertaken.

It is essential for the nurse to be able to differentiate between the type of problem she can help in the home, and the one which calls for the skilled study and treatment of a psychiatric clinic. Nurses are encouraged to refer immediately any of the more serious or complicated mental hygiene problems which they encounter and not to attempt to correct them through their own efforts.

The staff has had excellent coöperation from the various psychiatric clinics of New York City, in so far as their limited and crowded facilities have permitted. Whenever a nurse has referred a patient to a clinic it has been with the understanding that the social service department of that particular clinic would carry on the treatment advised by the psychiatrist. This type of service belongs to the skilled and trained psychiatric worker. Based upon this year's study with the Henry Street nurses, the part of the nurse in mental hygiene cases which need clinic examination and treatment may be outlined briefly as follows:

Recognition of the patient's need for psychiatric study and treatment.

Establishment of good contact with the patient in order to obtain the information necessary for the mental hygiene history.

Writing of an adequate mental hygiene history.

Arrangement for the patient's appointment at the psychiatric clinic which seems best suited to the patient's problem, taking into consideration the type of problem, the accessibility of the clinic to the patient's home, the ability of the patient to pay for clinic examination, etc.

Forwarding the mental hygiene history to the clinic in advance of the patient's appointment.

Making certain that the patient keeps his first appointment and that a contact has been established with the clinic, after which the clinic is responsible for examination, treatment, and follow-up, although the nurse usually keeps in friendly contact with her patient and frequently assists the clinic by urging her to persist in clinic attendance and to follow clinic suggestions and orders.

CONTACT WITH NEW STAFF NURSES

The Henry Street Visiting Nurse Service has a considerable turn-over of staff during the year. In order to meet this situation, the mental hygiene supervisor has conducted courses of lectures for each new group of staff nurses and students, outlining the fundamental principles of mental hygiene and providing a background of mental hygiene information. In this way a repetition of material in the center offices has been avoided, and the new staff members have been introduced as expeditiously as possible to the mental hygiene phase of their nursing work. Since April 1927, 97 new staff nurses and 98 students have attended the series of lectures.

RESULTS

One of the most encouraging aspects of the mental hygiene program has been the genuine interest in the subject and the response to the whole matter of mental hygiene problems. The supervisors state that their staff nurses have had a much better grasp on the whole matter of family adjustment since the mental hygiene program has been inaugurated, that they seem much more alert and interested in every aspect of the lives and problems of their families than they were previously. Their powers of observation have been quickened through a psychiatric approach to family problems. As one staff nurse phrased it—"Because mental hygiene has helped me to understand myself better and to make better adjustments in my own life, it has helped me in understanding my patients, and in making better contacts in every home."

SERVICE REPORT

1927–1928

Number of active cases	177
Number of closed cases	228
Total	405

It is interesting that out of 228 closed cases, only 57 fall into the adult classification, that is, over sixteen years of age. This indicates clearly that the nurses are handling children's cases primarily, which is as it should be from the standpoint of constructive and preventive service.

According to sex groups:

Male	98
Female	130
Total	228

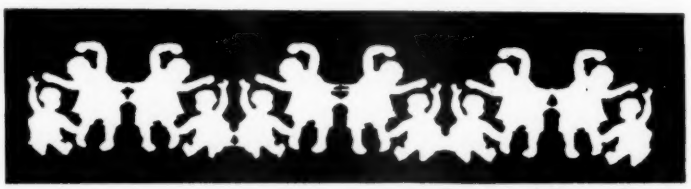
PROBLEMS AND DIAGNOSES OF CLOSED CASES

Children's Problems (to 16 years):

Temper tantrums	31
Mental deficiency	29
Fears	4
Food fads	7
Enuresis	44
Masturbation	6
Thumb sucking	5
Unmanageable child at home	20
Conduct problem at school	6
Stealing	3
Unadjusted foreign boy	1
"Nervousness," instability	5
Chorea, psycho-genetic	1
Speech defect	3
Epilepsy	3
Post-encephalitic condition	3
Total	171

Adult Problems (over 16 years):

Mental deficiency	5
Psychoneurosis	7
Neurosis (usually of anxiety and depressed type)	11
Neurasthenia	7
Hysteria	3
Sex delinquency	1
Psychosis	23
Total	57



Courtesy of Survey Graphic

Behavior Problems

Deferential Afterthought

By Mary Carter Roberts

Editor's Note: The stories submitted in our recent short story contest have furnished the material on which Miss Roberts has based these suggestions to public health nurse authors, and her article has been approved by a member of the School of Journalism of Columbia University. As a practical illustration, one of the stories submitted in the contest is reprinted verbatim, followed by a revised version of the same story. We call attention to the editorial comment on page 500.

WE have had an unusual opportunity lately to examine the methods followed by the average public health nurse when she attempts to relate her experiences in writing, and we are tempted to make one or two suggestions to her bearing on the points in which these methods might, we think, be improved. It appears to be of unassailable importance that she be fitted to write clearly and effectively of her work. The present time requires a bally-hoo in some sort or nature of everyone. Nothing is taken for granted. The nurse may save lives or work strenuously to reduce the death rate from epidemics or exhaust herself in efforts to gather in adenoidal children to the free clinic, but this is not enough. Having saved lives she must advertise.

In the great mass of material which has come to the offices of The Public Health Nurse through the short story contest, there was a certain proportion, not too large of course, but still unnecessary, of pure waste. A number of manuscripts were submitted in which good, telling material was lost to effectiveness through the errors common to inexperienced writers and this number, although not large, was still, we believe, large enough to justify the suggestions which we propose to make. If we assume the number of stories submitted to represent the total number of public health nurses in the country, why then the ineffectively told stories represent a fair-sized group of nurses whose work is failing of the publicity which it should have. We proceed to our suggestions without further comment.

In writing a short story which is based on a true incident (as we assume the stories submitted to us in the contest were) unless the incident is in itself more full of dramatic value than is common to the events of everyday life, the writer must do a certain amount of arranging, selecting and inventing. At most a true incident unembellished by anything beyond the facts is simply a nucleus. It may contain the germ of a good story but it seldom will be a good story in itself.

The Rule of Selection

The first thing for the would-be writer to do, then, is to analyze the incident carefully and decide in just what of its aspects, its contrasts, or its sequence of events the germ of a good story lies. If an incident or a case strikes you as "something that I ought to write about" examine it carefully and find out what is at the basis of your impression. Why ought you to write about it? What about it makes you want to tell it to somebody else? Is it that it contains a personality who, you feel, must be universally interesting; that it, by force of contrast or anti-climax or other devices, has a comic value, or what? This is selection.

The writer must accustom herself to make such analyses and classify the vital material of the incident she has chosen just as she would classify a case. Needless to say, this is a step that must be taken before the actual writing is begun. The process will at first take her into a realm where analytical thinking is new to her; most of us do not go beyond our first emotional to a dramatic situation; most of us, keen though we may be in our own

fields of experience, receive those aspects of life which touch mainly on the emotions passively, responding purely instinctively to pathos, grimness, humor or whatever it may be. But it is precisely in the field of the emotions that the writer's work is laid, and the writer's work like any other worker's work is no more than that. It cannot be undertaken without conscious discrimination. When you consider an incident that brought tears to your eyes consider it fully, in all its physical and implied aspects and find out in what definite aspects the essential pathos lay. Were you affected by the spectacle of helplessness before overwhelming circumstance, by that of wanton waste of potential happiness, by that of innocence—a child, say, wronged by its indifferent parents? You must know before you can write. And if it was the last-named, for example, then concentrate in all sternness on innocence. That is the rule of selection, and it holds good quite generally.

For example, in the original version of the accompanying story, you will see that this rule has been neglected. The aspect of interest on which this story is built up is *coincidence*. It can be stated thus:

> The nurse imagined herself working in one family in which there would be a large number of problems so that she would be able to show definitely her value to her public.
>
> By *pure chance* she found a family which exceeded her expectations.

This is coincidence—this is drama. The assistance of any human scheme by chance always contains a dramatic element. When the author writes:

> After looking the situation over, Mrs. Fleming felt that the next best opportunity to demonstrate the value of a public health nurse to any community would be to concentrate on one or two families with definite problems and, having helped them, use their histories as illustrations

she definitely arouses your interest in the nurse's plan. But note how, in going on with her story, she forgets or ignores that plan and neglects to connect the chance happening up with the incident which gives it its only significance. You can only think from reading this story that the statement quoted above was made more or less accidentally; that she had not selected it as a definite point from which to work and build up her story until the element of chance is introduced to bring it to the conclusion; that it just simply occurred to her in passing. Yet it really is the basis of the whole form of the story. It was on *coincidence* that concentration should have been brought to bear in this particular incident.

ARRANGEMENT

Your next step will be arranging. Take the selected idea and decide in what order you want to use the events, scenes or impressions which brought it to you, what ones you want to emphasize, what ones you want merely to touch on.

For this of course no rule can be laid down. However, if the nurse actually knows before she begins to write what *is* most interesting and what *is* the main theme she has solved a considerable part of her difficulty and may rely on taste and logic and a sense of ordinary human responsiveness to help her solve the order of arrangement.

It will be seen that in the revised version of the accompanying story there has been considerable rearrangement. The change of introductory material is made because it seemed to us that, since this story is designed to be read by nurses, its essential interest would be in its heroine's problem rather than in a routine delivery case which, as the author describes it, has no specially remarkable features. However, it was with this delivery case that she opened her relation and the nurse's problem follows and is only very slightly touched on. In revising it, since we felt that the *problem* was what the whole story started from, we have put it at the beginning, stating it clearly and introducing the delivery call as a first step in its eventual solution.

BLOCKING OUT THE STORY

Also, the necessary detail which should have been added to explain the nurse's position in St. Paul and her reasons for giving herself a special sort of program, have been scattered through the first six paragraphs with no attempt to put them into coherent relation to the opening situation, without, indeed, giving the reader any particular idea of the reason for including them at all. You read that she does so much work for the Metropolitan Life Insurance Company and that the State Health Department pays part of her salary and that "public health nursing is essentially educational and accomplished within prescribed hours but this includes not only the so-called uneducated but, frequently, those who should be most helpful and sympathetic"! All of this may be very true but it bears in no way on the material in hand and delays the action of the story getting started. A more practical sense of arrangement would have connected these logically with the proper parts of the theme. Similarly the make-up of the Ochoa family, which is interesting, is only told the reader when the story is two-thirds finished. The inexperienced writer who finds that she has difficulty in bringing her material into a coherent arrangement may find the making of a *preliminary outline* a help. By first blocking out her story, paragraph by paragraph, she can see it in perspective and determine if it follows its theme in good order. It is a time honored practice, we may mention, even among writers not not entirely novices.

INVENTION

When you come to inventing you may rely even less on prescribable rules, but you have for your guidance there the broad principle of the human love for the picturesque. If the detail of the story as it occurred has that happy quality of the ideal, that is, if it is as comic as people like to believe comic characters are, or as sad as people tell themselves sad happenings are, or as deeply characterized in its peculiar vein, whatever that may be, as people from their drab everyday lives would like to believe events really are, why then transcribe these details exactly as they happened, fitting them to the proper part of the outline of course. But ten to one you will not find that they really happened so. Ten to one the thing which Mrs. O'Grady said about Pat's tonsils is not as funny as you thought it was and it was Mrs. O'Grady's manner as she said it or it was your own private impression of Mrs. O'Grady previously arrived at through a whole series of interviews with the lady, or some other set of circumstances, which polished it off in your mind and made it seem exquisite. Go over your material then and try to capture what has been in your own mind at each step and then try to get these ideas and impressions on your paper. In this is your invention. For if you do not actually add anything to the story that was not in it when it happened, you are, nevertheless, recounting these happenings in a fictional sense, and you must give them that glamor which they need in order to bring your story to the ideal proportions which people expect to find in what they read.

In the accompanying story, for example, when the nurse comes into the house of the patient there is a distinct lack of invention in the relating of the detail to the main action. The nurse has to make a tray and a crib for the baby. The value in this information is this—you have a sense of the nurse working under great pressure in supplying the very essentials for the baby's life. That is something which everyone can understand, it is real drama, the effort of one human being to save another. The author, however, neglects the general human value of the service and launches into a technical description of how the tray and crib were made, valuable perhaps in a text book but out of place here. This sort of scattered writing is common throughout the rest of the story. It is put here under the head of invention because it illustrates negatively; it shows complete lack of invention.

In the revised version the very same details have been used with an attempt at positive invention.

It was a family of the ordinary Mexican laborer type and consisted of Ramon, Petra, and Emma, an infant of eighteen months and, of course, Fidel, the newly arrived. There was also David, Ramon's five year old son by another marriage who was feeble-minded. They had done absolutely nothing for the coming baby. Mrs. Fleming made a tray and a crib that night before she left them, using for the former a tin can top set with mayonnaise jars with burnt match-ends for applicators and for the latter a soap box with improvised but trustworthy legs and an old pillow covered with oil cloth. Departing in the gray morning she told herself that the visit would only be a routine thing and have no more lasting effect in her program than other completed pieces had had. Matters, however, were destined to take another course.

In these sentences you get the story of the crib and the tray *in connection with the theme*, and something in the hurried manner of the telling is intended to emphasize the pressure under which the nurse was working.

Again in paragraph one of the revised story, you get the situation in St. Paul which led Mrs. Fleming to choose a certain program for herself, told with an inventive attempt to give it an appealing value. People were tacitly hostile and they were an ignorant type—this information has a real human interest; it is conflict—the nurse against her opposers. While Mrs. Fleming did not perhaps consider her situation utterly unique among nurses, and had in all likelihood not the slightest inclination to think of herself embattled or abused, still the reader does not stop in his rapid digest of what falls before his eyes to do much reasoning for himself. He wants a picture and an arresting picture at that. He will feel that what Mrs. Fleming did for the Metropolitan and who paid her salary were of no importance to anyone in the world but herself—but the information that she was facing a definite conflict has a general value, and it is safe to assume that all nurses, regardless of who pays their salary, feel a concern for one of their colleagues who is face to face with hostile ignorance.

Pure invention is used in paragraph one in reconstructing the original statement:

After looking the situation over, Mrs. Fleming felt that the next best opportunity to demonstrate the value of a public health nurse to any community would be to concentrate on one or two families with definite problems and, having helped them, use their histories as illustrations.

into the following:

In her impatience and weariness Mrs. Fleming hit on an imaginative plan which would free her in fancy at least from her unexhilarating situation. "If there were just one family," she thought, "with a great many problems for me to solve, I could make my efforts show." And at especially discouraging times she came to refer herself to the "ideal problems"—the group which she conjured up to suit the idea. In the narrow limits of a single family they comprised an astonishing number of difficulties and they were no end of comfort to her. However, she hardly thought that they would materialize.

It is a piquant and humorous thing that is attributed to the nurse, making her have the proportions of a human being and it is related closely to the eventual coincidence which is the germ of the development.

STICKING TO YOUR THEME

In general, from surveying the stories sent in to the contest we have come to the conclusion that there are two sorts of material to which public health work lends itself, the one is a story which is built around a *personality*, the other is a story which is built around an *event*. Do not begin to write without some idea of the classification of your material in your own mind beforehand. If you do not fall into either of the above classes, at least know where you are—fish, flesh, fowl or good red herring—and if it is incidents which you are writing about, why write incidents. Stick to your theme whatever it may be.

A certain deadening fault among our recent contributors, which is a very common one to the writer whose usual task is the making out of a report or

similarly formal documents, we noted too in the continued use of the passive voice of the verb. Note:

> This tray *was made* that first night. At the same time *it was discovered* that there was no baby crib. . . . Word *was left* with Mrs. Ochoa to have her husband, Ramon Ochoa (previously unmentioned too), obtain a large soap-box and four strong boards of the same length for legs. These *were nailed* on the box on the arrival of Mrs. Fleming the next day.
>
> An appointment *was made* with Dr. Parsons for a physical examination the next day. . . . He remained in the county hospital while arrangements *were being made* for his entrance in a veteran's hospital. His wife and children *were taken* to see him the day he took train for Sawtelle.

CHOICE OF WORDS

One more warning may be added here, we believe, without undue harm and that is relative to choice of words. The average case story seldom lends itself to poetic phrasing. Moreover, such phrasing must be set down with skill. The sublime is too near the ridiculous to be entrusted to a merely enthusiastic hand. A wholesome reliance on the Unabridged is a savior to the casual writer tempted to go astray in this respect and a help too in developing a vocabulary. A good straight journalistic style is what should be cultivated for the nurse's kind of writing and when that is well in hand it is enormously effective. It simply consists in telling the story in such a way as to place emphasis on the thing which is being told and not on the manner of telling it.

We are far from feeling that really adequate instruction in story making can be given in terms thus general. The subject has called volumes upon volumes into being, and the discouragingly significant thing about such instruction is that the men and women who have achieved unchallenged excellence usually have not been among the instructors. They know the fallacy of dogma. We therefore present these few suggestions without advancing claims for them, or, at least, without other claims than that, if used wisely and discriminatingly, they may perhaps do no one serious harm.

THE BLUE-RIBBON FAMILY

ORIGINAL STORY

Saturday, 10 P.M.—A hot bath, the freshness of clean sheets and, just as the nurse is revelling in the thought of late rising, the shrill clamor of the telephone almost made her jump out of bed.

"Mrs. Fleming speaking."

"Nurse, I'm needing help with a difficult delivery, can you come?"

"Certainly, Dr. Parsons, give me the address and I will be right down."

Public health nursing is essentially educational and accomplished within prescribed hours but this includes not only the so-called uneducated but, frequently, those who should be most helpful and sympathetic. Mrs. Fleming decided to answer all calls and show the value of her work before attempting regular hours and standardization of the type of cases to be cared for.

The first nurse in St. Paul remained three months and left chiefly because of the opposition of some of the physicians. There followed eighteen months of part-time bedside work by a graduate nurse who, in turn, was succeeded by Mrs. Fleming on April 1, 1926. With a population of 7,500, 55 per cent of which is Mexican, the nurse is expected to give one-fourth of her time to child welfare and pre-natal advice as the State Department of Health pays this portion of her salary; there is a contract with the Metropolitan Life Insurance Co. for bedside work and all community bedside work must be done regardless of the financial status of the family making the call so that any organized program was impossible. After looking the situation over, Mrs. Fleming felt the next best opportunity to demonstrate the value of a public health nurse to any community would be to concentrate on one or two families with definite problems and, having helped them, use their histories as illustrations.

The telephone conversation previously quoted gave entry to a family with numerous problems.

After the premature delivery of Fidel Ochoa, who weighed four pounds at birth, daily bedside care was given the mother, Petra Ochoa, and the baby. As Mrs. Ochoa had received no pre-natal instruction, there was very little in the home to use the first day. Burnt matches with the ends cut off for applicators, a small amount of boric acid and absorbent cotton, varying sizes of mayonnaise jars and the top of a large tin can to place them on make an astonishing tray to use in caring for a new baby. This tray was made the first day of bedside care.

At the same time it was discovered that there was no baby crib for the new arrival. Word was left with Mrs. Ochoa to have her husband, Ramon Ochoa, obtain a large soapbox and four strong boards of the same length for legs. These were nailed on the box on the arrival of Mrs. Fleming next day. She then covered an old pillow in white oilcloth and a pillow case and the baby was provided with a temporary bed.

On the fifth day, three neighborhood women started to leave upon the arrival of the nurse. As two of them were pregnant, Mrs. Fleming felt it would be a good opportunity to give them practical instruction. They were much interested in the tray and bed and wanted to know if they could make some like them.

Returning on the fourteenth day for a final visit, Mrs. Fleming found Ramon Ochoa at home. He complained of feeling weak and being unable to work that day. An appointment was made with Dr. Parsons for a physical examination the next day. The doctor found him in an advanced stage of pulmonary tuberculosis and recommended the county hospital. Mrs. Fleming discussed with Mr. Ochoa the means of caring for his family while he was in the hospital and during the conversation elicited the fact that he was an ex-service man. He remained in the county hospital two weeks while arrangements were being made for his entrance in a veterans' hospital. His wife and children were taken to see him the day he took the train for Sawtelle.

The oldest child in the family, David, 5 years, an imbecile, was found to be the child of the first marriage. As the mother was dead, the father incapacitated, application for admission to the state home for the feebleminded was made, the physical examination was made by Dr. Parsons, the 169 questions answered, the hearing in court given, and the child finally sent on its way. The stepmother who had cared for this child for three years has never failed to inquire about him and wonder how he is. Temporary county aid was then secured for Mrs. Ochoa and the two remaining children, Emma, age 18 months, and Fidel, the new baby.

Through the placing of Ramon Ochoa in Sawtelle, correspondence began between the local post of the American Legion and the hospital. The Legion endeavored to obtain adjusted compensation; failing this, dependency allowance for the widow and children was requested. This also was refused. California grants state aid to minor children at the rate of $10.00 a month for each child where the father is dead or incapacitated. As the Veterans' Bureau refused any allowance, Mrs. Fleming made application for state aid.

July 19th the father died and was buried in St. Paul with military honors. He left $225.00 in an adjusted service certificate but no insurance. The old, second-hand car and some tools were disposed of, the proceeds being added to the first fund. The doctor, the druggist, the grocer and other tradesmen were paid in full. This left $180.00 in bank which Mrs. Fleming felt should provide the nucleus for a permanent home.

By talking to a public spirited citizen who had frequently employed Ramon, Mrs. Fleming purchased for Mrs. Ochoa a lot 30 x 100 feet for $150.00 instead of the $350.00 formerly asked. Numerous conversations and committee meetings were necessary to provide the next step, the house. The American Red Cross, The American Legion Auxiliary, The Bureau of Catholic Welfare and the Soldiers' Relief Committee of The Ebell Club provided the $200.00 to purchase the lumber for a three room house. This price was at actual cost by the lumber mill. The American Legion built the house. A used gas stove, sink and electric light fixtures were donated by various merchants. Since the erection of the house a large screened porch has been added for a sleeping room for the children.

Six months after the death of her husband, Mrs. Ochoa developed a bad cough and began to lose considerable weight. A physical examination revealed no lung involvement and Dr. Parsons recommended tonsillectomy and special diet. Since the removal of her tonsils Mrs. Ochoa has gained 12 pounds and is in splendid condition. Emma is above average height and weight; Fidel is walking at 17 months and weighs 23 pounds. Both children have been immunized for diphtheria and vaccinated against smallpox.

With mother and children in the best physical condition possible, with no rent and no debts, $20.00 a month from the state until the children reach sixteen years of age, work with an easy mind because the children are in an excellent day nursery, gives this mother a future to look forward to and not to dread, especially when you realize that she has just passed her twenty-fourth birthday.

REVISED VERSION

When Mrs. Fleming accepted the position of public health nurse in St. Paul she estimated her advantages and her obstacles and came to the conclusion that for the time being she would have to adopt a rather special and difficult program. She had come to a place that had made difficulties for previous workers and that had a population more than half Mexican, a place that presented a combination of ignorance and tacit hostility. "Here," she thought, "to prove my value I will have to give the widest possible service right at the first." She decided therefore to answer all calls regardless of the time or manner of their coming and to let the matter of regular hours and standardization of types

of visits wait until she should have won a measure of popular support. Having adopted this plan she adhered to it. It was discouraging to her sometimes to go day after day from one end of the community to the other and work very hard without seeing any constructive thing develop from her labors and on occasions she rebelled at the rule which she had given herself. She was plucky and constant, but she was also an ambitious nurse, anxious to make her service constructive. "If I only had a chance to concentrate on some one thing," she thought, "I could prove myself so much more quickly." But such a chance was not forthcoming and she saw little likelihood of it.

In her impatience and weariness Mrs. Fleming hit on an imaginative plan which would free her in fancy at least from her unexhilarating situation. "If there were just one family," she would think, "with a great many problems for me to solve, I could make my efforts show." And at especially discouraging times she came to refer herself to the "Ideal problems"—the group which she conjured up to suit the idea. In the narrow limits of a single family they comprised an astonishing number of difficulties and they were no end of comfort to her.

One Saturday night when she was sufficiently tired after a week's unremitting and, of course, uneventful toil to think of her bed with great satisfaction, Mrs. Fleming received a call to attend a delivery. Philosophically reflecting that she had invited such interruptions to comfort herself, she made her preparations and started. Her patient was one Petra Ochoa, a young Mexican woman, wife of Ramon Ochoa, neither of whom Mrs. Fleming had ever seen. She assisted the doctor with the delivery of a four pound premature baby and set about to make the needed arrangements for its care.

It was a family of the ordinary Mexican laborer type and consisted of Ramon, Petra, and Emma, an infant of eighteen months and, of course, Fidel, the newly arrived. There was also David, Ramon's five year old son by another marriage, who was feeble-minded. They had done absolutely nothing for the coming baby. Mrs. Fleming made a tray and a crib that night before she left them, using for the former a tin can top set with mayonnaise jars and burnt match-ends and for the latter a soap box with improvised but trustworthy legs and an old pillow covered with oil cloth. Departing in the gray morning she told herself that the visit would only be a routine thing and have no more lasting effect in her program than other completed pieces had had. Matters, however, were destined to take another course.

When Mrs. Fleming returned to the Ochoa home on the fifth day to give Petra care she found three neighbors there mak'ng a call. With the greatest wonder they were examining Fidel's crib.

"Do you suppose," one of them asked, "that we could get one like this anywhere?"

Seeing that two of them were pregnant, Mrs. Fleming more or less mechanically made the question an excuse to deliver them a little pre-natal lecture. She would be glad to show them about the crib and the trays, she said, if they would give her the chance. Mrs. Fleming went on to other visits without attributing any special importance to the incident.

The day of her last call, however, she found to her surprise, not only the neighbors, but Ramon. "Too sick to work," was all he said. Mrs. Fleming advised an examination and made an appointment for him. Later, passing the doctor's office, she dropped in to see what had taken place. It was bad enough.

"Pulmonary tuberculosis," said Dr. Parsons, "and an advanced stage, at that. We must get him into the county hospital," he added cheerfully. "See how his family is situated, won't you?"

How were the Ochoas situated? Mrs. Fleming thought that she could tell without investigating, so like other families of the Mexican laboring class were they. They would have no resources except the father's wages and would be terrified at the idea of the stoppage of their one means of existence. However, she went back to the house and set herself to find out the facts. Ramon, it turned out, to her gratification, had one more facility for providing for his family than she had anticipated, although that was a slender one; he was the holder of a world war record. This she reported to her doctor and she received in return simply the advice to "go on with her good work" and do what she could for the Ochoas.

"Dear me," thought Mrs. Fleming, "how the problems of this family have widened!

Carefully she explained to the dismayed and weeping Petra that some sort of aid for her and the babies would be forthcoming from Ramon's service record—a fact that seemed little short of magical to that simple soul—and to the county hospital officials that Ramon would be transferred to a veteran's home as soon as arrangements could be made. Next she suggested that David be sent to the state home for the feeble-minded. Personally she made out the application, arranged for the examination, escorted David to the court hearing and finally placed him safely on the train, promising Petra in addition to take her to see him when she should be able. Then she appealed to the American Legion to ask the Veterans' Bureau for adjusted compensation for the babies and, failing this, secured state aid and also county aid on a temporary basis. She then stopped to survey the situation and get her breath and almost immediately word came that Ramon had died.

"It appears," thought Mrs. Fleming, "that we may now begin all over again."

Nor was she wrong in thinking that it was she who would have to do that beginning. To her and no one else came Petra, once more weeping and cast down, to learn what she must do in this new dreadful crisis.

Mrs. Fleming once more took stock of the Ochoas. From simple delivery service and a modest class in prenatal care, from tuberculosis work and social adjustment to the problem of the whole development of the family's future—that was what she had come to in her work with them. She had a sudden start and a half-hysterical sense of recognition.

"Now I know who they are!" she cried, "they are simply another name for the family I used to imagine—they are my Ideal Problems disguised!"

And a bit ashamed of her old device she resolved to do nothing less than her utmost for that bewildered little group whose first acquaintance with her had been the interruption of her Saturday night's rest. To the Red Cross she went and also to the American Legion Auxiliary, to the Bureau of Catholic Welfare, to the Soldiers' Relief Committee of the ——— Club and to certain public spirited citizens. Carefully she estimated the resources that the family had on hand, $225.00 in adjusted service certificates of which $180.00 remained when all debts were paid, an old second hand car and some tools which could be sold. Wherever she went she met sympathy and coöperation; and everyone agreed with her that Petra must have, first of all, a permanent home. Gradually resources were collected. One of the public-spirited citizens sold her a 30 x 100 foot lot for less than half the price that he had expected to realize on it. The Auxiliary, the Red Cross and the Relief Committee raised $200.00 with which to buy lumber and the lumber mill furnished that material at cost. The American Legion paid for the labor of the actual building and various merchants donated a gas range, a sink and electric light fixtures. When the place was complete certain others of the citizens insisted on the erection of a screened-in sleeping porch for Fidel and Emma. And so the Ochoas, that problem family, finally came into a home.

"Well," thought Mrs. Fleming, "certainly I got my chance to concentrate!" And in anticipation she began realizing on the efforts which she had expended for the Ochoa family in the added coöperation and confidence accorded her by the people.

But there was something irresistibly inclined toward the anti-climactic in that tribe. They never knew, it appeared, when they ought to stop. Shortly after their installation in the new house, where there were the best of sanitary conditions, where there was assurance of a sufficiency of all needful things and where, Mrs. Fleming thought, there was a sincere attempt being made to follow her instructions in the rules of healthful living, Petra came to her and explained in almost operatic despair that she had gotten a cough and that she was losing weight. It was too much.

"Petra," said Mrs. Fleming sternly, "you are simply not allowed to be sick. Go and have your tonsils out, if you must. But let that be all there is to it."

And her warning had its effect. Now Petra happily gains weight, and boasts of two perfectly healthy children, has a good position and neither rent nor debts to pay.

SCHOOL NURSING SECTION INTERIM PROGRAM

The report printed below from the Regional Advisers of the School Nursing Section of their activities since September 1927 gives concrete evidence of the value of the Section's Interim Program with its purpose of promoting a better understanding of school nursing. The program for the coming period, adopted in Louisville, gives emphasis to the interpretation of school nursing to the school personnel.

Talks Given on the Objectives of School Nursing
(Report of Regional Advisers—1927–1928)

Given to	Given by Adviser	Arranged for by Adviser
Nurses in training	96	110
Nurses in service	163	80
Lay groups	256	224

Utilizing a Mental Hygiene Clinic

By Harriet Leck
Director, Visiting Nurse Association, Hartford, Connecticut

Ninth in a series of articles on Mental Hygiene Programs in Visiting Nurse Services.

IN 1923 the Visiting Nurse Association of Hartford realized the necessity of making some provision for the study of mental and conduct problem children observed with disturbing frequency by the nurses in their child hygiene educational work in the homes. In June of that year a child guidance clinic was inaugurated under the direction of Dr. Otto Wiedman, with a part-time psychiatric worker as a member of the Visiting Nurse Association staff, financed under its child hygiene department, to assist him in handling the cases referred by the staff nurses.

INITIATION OF THE WORK

At the beginning, this clinic was held in one of the health stations. The work grew rapidly and it became apparent that a full-time worker was needed to assist the psychiatrist and that the facilities at the health station were not adequate. The clinic was therefore incorporated with the Jenkins Mental Hygiene Clinic in 1924, where the work could be handled more conveniently by the psychiatrist and his assistant with the improved equipment at the Jenkins clinic. The Jenkins Clinic had also been started in 1923, financed by Mrs. Helen Hartley Jenkins. At that time the clinic was connected with the Juvenile Court, but the combination did not prove desirable because of the current impression that the clinic served for the handling of Juvenile Court cases only. It was therefore moved to separate headquarters and named the "Helen Hartley Jenkins Clinic."

It was to this clinic that the work of the Visiting Nurse Association clinic was transferred. After the transfer, the need for a fulltime representative for the Association cases became more urgent, and it was decided that one of the staff nurses should be released for study, returning to the staff as a full time worker at the clinic—equipped by her nursing background and psychological study to assist in the handling of the cases of children under school age referred by the nurses. In April, 1925, this specially trained staff nurse began her full-time work at the clinic.

THE PERIOD OF ADJUSTMENT

In the early part of 1927, the Visiting Nurse Association began the generalization of its services. As the resignation of the nurse undertaking the above work was practically coincident with this period of adjustment, the place was not immediately filled and for a time the plan was tried of allowing the staff nurses to get the social histories on their own cases for reference to the clinic, and to do the follow-up work after the clinic had studied the case.

Experience with this plan proved that the nurses did not have the necessary background, nor the time to give to the intensive follow-up work essential to successful corrections, and in 1927 another nurse was selected to take special training, preparatory to assuming the follow-up work for the staff. This nurse had experience in handling the health program in the Ungraded School and therefore some experience with certain types of problems in that connection. The major part of her training consisted of actual field work with problem cases under the supervision of one of the leaders in mental hygiene work in Connecticut. The work at the clinic was taken up in January, 1928, and is now being carried by Miss Nancy Maude.

PRESENT PLAN OF WORK

The clinic itself has been reorganized and enlarged—the staff now includes a full-time psychologist, a full-time psychiatrist, two social workers, and the nurse specializing on the cases referred by the Visiting Nurse Association.

The nurse has her headquarters at the clinic, for greater efficiency, although the position is still financed by the Visiting Nurse Association. She attends the staff meetings of the Visiting Nurse Association, and the Child Hygiene Round Tables,—at the latter reporting the progress on the cases under her jurisdiction, and receiving any new cases the nurses wish to have registered at the clinic.

The nurses refer the cases by name and address, with a statement of the apparent problem. The mental hygiene nurse then visits the home, making an initial "friendly contact" visit, in which she gives the parents an idea of what the clinic represents, and gets their coöperation in bringing the children to the clinic. After the first few visits, the nurse has secured a complete social history on the case.

An appointment is made for a psychological and a psychiatric examination at the clinic. After these examinations are completed, the case is brought up for consideration at the bi-weekly case conferences. Every case is discussed thoroughly, with recommendations for psychiatric or social treatment where necessary. Every parent is interviewed at the clinic and given the keynote of the program to be followed. The mental hygiene nurse then follows into the home, supervising and assisting the parents in carrying out the program, and seeing that all necessary appointments at the clinic are kept.

The special worker keeps a complete running record on all open cases in which she is concerned, with complete notes on each home visit and her observations of progress, and with notations of any new recommendations by the doctor.

TYPES OF PROBLEMS

The types of problems handled are enuresis, temper tantrums, masturbation, thumb-sucking, conduct disorder, etc. The cases referred are practically all in the preschool age group, as the nurses have more opportunity to observe problems in this group in their child hygiene work. However, the nurses are free to refer to their representative any juvenile or adult case they may come in contact with in their district work.

Up to January 1928, 80 cases had been referred to the clinic by the Visiting Nurse Association. During the first seven months of this year, 23 cases have been referred. This number includes one adult, one boy of 12 years, and twenty-one pre-school children.

The report of the full-time psychiatric work during 1925–26 showed a very commendable proportion of satisfactorily adjusted cases. The present worker has not completed a period of service of sufficient length to make a report with a just degree of accuracy. However, the present happy combination of the Visiting Nurse Association representative, backed by the interested coöperation of the staff members, the reorganized clinic with its enlarged staff and improved facilities, augurs well for continued advance toward an adequate handling of the problems in this most difficult field of hygiene.

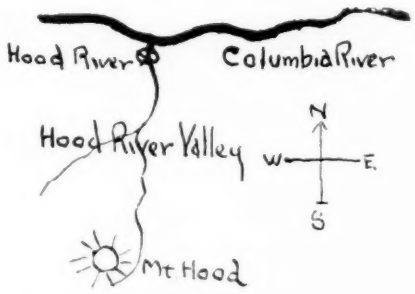
The Boston Community Health Association, where a mental hygiene program has been under way for some years, sends us these items of interest:

The mental hygiene program in the Association has become so important that two new mental hygiene workers are being appointed to the staff in October.

Marie L. Donohoe, the supervisor of mental hygiene, writes that until the present method of carrying the work was adopted in Boston, the program was not a success. The educational work with the staff nurses is now being carried along with the regular field work. The supervisor accompanies the staff nurse on her home visits, and uses her actual cases as teaching material.

Health Problems of the Apple Harvesters

By Gladys M. Bersch, R.N.



IN Oregon, between the mighty Columbia River and the snow-capped peak of Mount Hood, which rises to an elevation of 11,225 feet, lies the Hood River Valley. The river flows from the foot of Mt. Hood 20 miles northward into the Columbia River. Its valley is protected by the beautiful Cascade ranges and in this sheltered, well-watered area are raised strawberries famed throughout the northwest, and apples which command maximum prices in the New York and London markets. The shipping point and trading center for the valley is Hood River, a town of about 3,200 people (census of 1920), situated on the Columbia River (see diagram).

Hither, in the early fall, come hundreds of transient workers to harvest the apple crop. They come from the berry or hop fields in every sort of vehicle, hire out to the ranchers, camp in the orchards or open fields, and remain a week to three weeks and then are on their way. Most of the workers bring their families, and as such they present a very real public health problem.

The Council of Church Women in the county, recognizing the menace of this floating population, has for the last two years employed public health nurses to work among the harvesters, to supervise the children, get them to school if possible, and protect the stable communities from the outbreak of epidemics.

In 1927 the two nurses, of which I was one, began this specialized work the first week in September. We followed no fixed routine, but covered the county by automobile, studied the social and health problems of the transients, relieved sickness wherever we found it, and supervised the children in school. The apple crop was small in 1927 as compared to 1926, so

Apple Harvesters

that only about 1,200 transients came into the valley, instead of the usual 3,000. This factor, and the temporary ruling that no child be allowed to enter school unless he had been in the valley two weeks, and could present a doctor's certificate, reduced the number of transient children enrolling in school from 308 in 1926 to 33. Nevertheless, we were fully occupied.

The work had to be accomplished very rapidly. By the end of the first two weeks of the apple season, every enrolled school child had been examined. It was necessary to talk a good deal about cleanliness, and personal hygiene, especially brushing teeth and the use of handerchiefs. It was astonishing to see the specimens of handkerchiefs that were displayed. Some of the kiddies were very much embarrassed if they had a soiled one and would promise faithfully to bring a clean one the next day. Many times we would arrive at the school during recess or noon hour, and the children would scramble to get their hands and faces washed before the bell rang, and whisper to one another, "The nurses are here, better be clean."

We found it advisable to visit each school at least twice a week as every new child had to be examined before entering school. If they came on our off day they were sent home until the next day. This, of course, brought us in contact with the home and camp life.

Through the wonderful coöperation of the Free Employment Agency we were able to check over the families who came to that office for work. The name of the rancher, district, name of the transient, number and age of children, were recorded on a slip. Every morning we called for these slips and on our visits to the districts looked up the families. We were always met with the heartiest coöperation from the rancher but not always from the transient.

When we inquired about the school children and their going to school, the cry was usually: "Where do we get the books, we can't afford to buy them for a week," or "It is too far for our children to walk."

Water specimens and building reports were taken at every school. Many samples were taken from private wells and springs. People showed a great deal of interest in this. In the county only three schools came back with a C report, and measures are now being taken to have this corrected.

Courtesy of the Portland Chamber of Commerce

Apple Blossom Time

In addition to finding several prenatal cases which were referred to the regular county nurse, and assisting in the care of a maternity case, an Indian woman, we found many social problems.

There was the family we met on the street in front of the Free Employment Bureau. They had come from Colorado and had been working out in the valley picking apples. There had been some misunderstanding with the rancher and so they were on their way to Portland and then to California. The little girl of twelve, had not been in school for two years and was in the first grade. The other children seemed very anxious to go to school but were never in one place long enough to do so. There had been nine children. The mother was very ignorant. She still believed in giving the children the old spring tonic, sulphur and cream-of-tartar. The children's faces were peppered with scabs from impetigo and she had given them sulphur and cream-of-tartar as a remedy. She said: "Guess I didn't give enough but I gave them 35 cents worth." We advised going to a doctor and getting the proper medicine or going to a drug store and asking for medicine for that particular need. The poor ignorant father went up to the drug store and bought more sulphur!

Another family of children were found at school. Three were "his"—the father's, five "hers"—the mother's—and one "ours." The school age children were excluded because of impetigo on their hands and faces—they didn't seem to mind. The little girl said promptly, "Well, now I can get the dishes washed up" and the little boy, "I can split wood, and care for baby." The mother was sickly and in bed at the time of our visit. Cabbage and beef were cooking on the stove. Occasionally one of the children would give the pot a stir.

We had one family which had lost everything in a fire at the hop fields. They rode into Hood River on a flat tire with just eighteen cents in their pockets. They had no food and no change of clothing. They didn't seem at all worried. We gave them clothes, their employer supplied them with groceries, and at our suggestion the baby received its first bath in two months! Later, the mother admitted that they had been reduced to two cents—so why worry with so opulent a sum as eighteen cents still at hand!

CHRISTMAS SEAL SALE INSTITUTE

To communities desiring to better their tuberculosis work, a one day institute on program and seal sale is offered by State and National Tuberculosis Associations. These institutes are arranged with varying plans. A common form of institute is one having the morning devoted to the program of work for which seals pay; luncheon featuring a publicity discussion, and an afternoon program devoted to methods of seal selling.

In 1927 according to reports received from voluntary tuberculosis associations $965,347.65 was used by them for nursing and clinics. The early efforts at public health nursing were also largely aided by funds from the Christmas seal.

Many public health nurses have aided in the tuberculosis Christmas seal institutes and as opportunity presents they are invited to do so. The institute is usually at a transportation center for from three to a dozen counties. Such service is being given this fall by representatives of the National Tuberculosis Association in thirty states. Information as to institutes, if any in your state, may be had from either the state tuberculosis association, or the National Tuberculosis Association at 370 Seventh Avenue, New York City.

There is a popular notion that in our present age of scientific progress, with physical hygiene taking care of the body of the child and psychology and education taking care of the mind of the child, the home can sit back and rest from its labors. Not a bit of it. Science offers no substitute for the intelligent, common-sense training of a real home.

Protecting the Mind of Childhood—Esther Loring Richards, M.D.

The Appraisal of Nursing Service *

By W. F. Walker, Dr.P.H.
Field Director, Committee on Administrative Practice,
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THE Century dictionary tells us that to appraise is "to estimate generally the quality, worth, size and extent."

This definition is particularly fitting when used as defining appraisals of public health service made in recent years under the auspices of the Committee on Administrative Practice of the American Public Health Association, or in which the appraisal form developed by this Committee with the assistance of many health officers has been used.

The purpose of this paper is to amplify this definition, particularly with reference to public health nursing, and to show by a few specific examples how the quality, worth, size and extent of nursing service in a community may be judged by the trained observer coming from without and by the nursing director at more or less regular intervals.

The first concept of an appraisal given by this definition is that it is "to estimate generally." It is not a meticulous research into the four essential elements.

An appraisal is usually made as of a certain date, say January first, and uses as the basis of judgment the record of the service for the preceding twelve months, unless some unusual condition exists which renders that period atypical. Not infrequently new services have been undertaken or other changes made within the period so that uniform and comparable records are not available for the entire period. In such cases the experience of the last three or six months of the year may be used as indicative of the service at the time of appraisal.

Even where uniform procedures and records have existed for the entire year, it is often found that important facts necessary for the formation of sound opinion concerning some phase of service have not been routinely recorded. In such cases the method of sampling records may safely be used if precaution is taken to insure a representative sample. A sample of only two or three hundred records, if taken so as to give both a cross section of the cases carried and the staff involved, will give a fair and reasonably true picture of the service.

MEASURES OF QUANTITY

The terms most frequently used in describing nursing service are those which give one a conception of quantity. Such terms as total number of nursing visits made, or number of nurses on the staff, are entirely too general to be used as indices. There is need for greater refinement.

To provide this closer scrutiny nursing visits are classified by the services rendered as prenatal and maternity, infant, school, tuberculosis, morbidity, or other functional distribution. With such a classification the number of nursing visits charged to tuberculosis, for example, can be readily related to the size of the problem as indicated by the number of annual deaths from this cause. Similarly, the statement that three thousand nursing visits were made to infants last year becomes significant when it is known that during the year there were one thousand infants born. Though the part of the entire infant population which came under nursing care is not indicated, one sees an average of three visits available to all if wanted. But in all likelihood the number of visits per child was between two and three times this number.

The common units used in quantitatively expressing visits are visits per 1,000 live or total births, visits per 1,000 preschool or

* Address given at the N.O.P.H.N. meeting for municipal nurses, Biennial Convention, Louisville, Ky., June 6, 1928.

school children, visits per 1,000 population, etc.

HOURS PER SERVICE OR UNITS OF POPULATION

The visit, though the most usual unit for recording service, is not entirely satisfactory for the purpose of comparing one field of activity with another. As the average time per visit is not constant for all types of service, a comparison of visits in various services gives no indication of the time involved. Attention is being directed towards recording of time devoted to the different items of the nursing program and hours per service, or units of population may be used as measures of quantity in the same manner as visits.

Since not all of the nurse's time is spent in field visits, but a considerable proportion given to medical or nursing conferences or clinics, office, travel, vacation and sick leave there is need of this common unit so that we may add all of the elements and arrive at an accurate expression of the total nursing contribution in any field of service, such as in prenatal, preschool or school. These services may then be compared with one another.

This emphasis upon the recording of hours of service as a measure of quantity does not in any way detract from the importance of nursing visits as a measure. The time per service complements rather than supplants the record of nursing visits, as time devoted to field service expressed alone may mean the concentration on a few cases, or visits, or the spreading of a service so thin as to be ineffective.

PORTION OF POPULATION REACHED

Where records are kept of the individuals reached in each service, it is important to relate this to the total population or to the part of the population making up the particular problem. It is of interest and significance to know, for example, that 50 per cent of the infants are under nursing supervision, that 30 per cent of the births last year were registered for prenatal care and that the public health nurses are routinely visiting 75 per cent of all known cases of tuberculosis.

Such figures are claim stakes which definitely mark out the field of responsibility of nursing service at that time. A service which does not effectively reach a major proportion of the problem can hardly be expected to accomplish results which will be apparent when the community is studied as a whole.

In every community after careful study a broad economic classification may be determined with fair accuracy. There will be those who live constantly below the poverty line and those who fall below in emergencies and those independent at all times. The first two are always proper recipients of nursing services of one type or another under varying conditions and to different degrees. The nursing organization which aims to serve its community to the fullest extent will analyze the problem in each field of service according to this or a similar classification and adjust its conditions of service to be attractive to the members of each group. The amount of service given in each field will be limited to that which yields the largest and best results, and not necessarily the maximum which it is possible to give.

Community support, good will and a sound economic policy must of necessity be considered together with the ultimate results in lives saved or in reduced morbidity which are the ultimate aims of nursing service.

TIME PER VISIT

The recording of time makes it possible to analyze services by average time devoted to field visits. Since this time varies widely between services such information is necessary if studies of the relative cost and worth of services are to be made. With a standard content for each visit and well defined methods of procedure such as are set forth in the Manual, published by the National Organization for Public Health Nursing, the average time required for a visit in the common fields is fairly well known from experience of well planned and supervised services, and any wide variation from this experience should be care-

fully studied, to discover whether the variations lie in the type of service rendered, or in other reasons for longer or shorter average time.

When used as a measure of quality of service, the time should be free from all extraneous items such as travel, vacation, sick leave, and the like which of necessity must be included when the total time of the nurse is accounted for. The variations in time per visit for different services exclusive of travel time and other elements which depend upon factors other than quality of service rendered, may be judged from the figures of one nursing service. These figures may also be used as indices of the time required for satisfactory service.

Service	Length of Visit in the Home (Minutes)
Ante-partum	28.0
Post-partum and new born	49.4
Morbidity	25.8
Infant	18.0
Preschool	13.6
School	10.7
Adult	15.1

Unfortuately in this field there has not been the careful recording which will permit at the moment setting forth more definite standards. Nursing organizations are urged to periodically make time studies of their various services as a check upon their own practice and to contribute to the general fund of information necessary in guiding practice over the country.

HOW SOON IS CASE SEEN?

With most services the stage or age of the case in which nursing service is first utilized is an important factor.

In infant hygiene the organization which first reaches the infants when they are a month to six weeks old faces quite a different problem and will inevitably enjoy a much lower infant mortality rate in the group served than the organization which carries the bulk of its cases over from prenatal supervision through delivery and the trying first months of life in which period about 50 per cent of the mortalities of the first year occur. If an organization is considered to be doing infant welfare work and has not set up the necessary machinery for visiting babies at birth or early in the first week of life, it is missing a tremendous opportunity to serve.

In like manner that organization which is carrying on a prenatal service and getting the expectant mothers in the seventh or eighth month of pregnancy has little chance of rendering a thoroughly satisfactory service.

In communicable disease control, any considerable lag between the reporting of the case and the instructive nursing visit which outlines the method of protection of the contact and either provides or supervises nursing care for the patient, materially lowers the efficiency of the service.

This item is difficult to routinely record for all cases but may be obtained by sampling the records of a well distributed group of cases in a particular field of service. Once obtained it indicates the handicap under which the service is laboring in attempting to produce satisfactory results or may indicate the zeal and aggressiveness with which the problem is attacked and is in any event an index of the quality of the service rendered.

TIME INTERVAL BETWEEN VISITS

The time interval between visits like many of those indicating quality, has an optimum range. If the interval between visits is too long the patient loses interest and the program which the nurse is presenting may be and usually is subject to a multitude of unfavorable influences and the entire nursing effort may be wasted. On the other hand, if the visits are too frequent and the nurse carries responsibilities which should be upon the patient or the family, self confidence and reliance is not built up and though the end result is satisfactory so far as the outcome of the case is concerned, the expenditure of energy has been disproportionate to the result.

The time interval of visit varies naturally with the type of service given and the peculiarities of a particular case. It can only be studied by sampling records of past performance and no very definite standards can be established for it at present, though certain limits will naturally suggest themselves for each type of service.

The patient with an active case of tuberculosis who is visited but once a year can hardly be said to be under supervision nor can the expectant mother who is visited twice in five months be considered to have a sufficiently frequent service. At the other end of the scale we may place visits to supposedly well babies during every week of the first year, or daily visits to a patient with tuberculosis except for a very limited period when bedside nursing service may be

necessary. Such a careful analysis of a representative sample of records from each will show to what extent there is non-effective effort due either to too frequent or too few visits.

RETURN CASES

In many fields of endeavor the fact that those who have once used the service return to it a second, or third, or more times, is usually taken as an index of satisfaction which is without doubt one of the measures of quality.

Public health nursing service is a coöperative arrangement carried on by the nursing agency on the one hand and the citizens themselves on the other. In certain communities and under certain conditions, service of a sort can be given without the community becoming thoroughly conscious of the existence of the service. But such a condition is by no means a desirable or even tolerable one and the nursing service cannot long exist nor ever do a thoroughly satisfactory job in a community unless the citizens instinctively turn to it for help and assistance.

The routine recording of new and of old cases shed very little light upon this question. However, the accumulating records from year to year of those individuals and families having been satisfactorily served by the nursing organization and who, after a period again voluntarily turn to it for guidance, advice and help, are a definite indication of qualities of the service which appeal to the community. Perhaps in maternity or prenatal service we find the best field for measurement. Almost every nursing service points with pride to a group of mothers who after two or more experiences with it become powerful advocates of intelligent prenatal care. Records of return cases are not matters for routine recording, but should receive considerable attention from the director of the service, and conversely those who, after one experience, do not again seek out the nursing service, even though the need exists, should be subject to even more careful study, for from them those qualities of the service which embarrass or otherwise dissatisfy may be gained.

STANDARDS—HOW DERIVED—INTERPRETATION

The foregoing measures of quantity and quality are without point unless there are standards set up as a guide to our judgment in considering these measures. Standards may be established by common agreement as is the case with the standard unit of length known as the metre which is the distance between scratches on two gold plugs in a platinum iridium bar in the Bureau of Standards under certain conditions of temperature, etc., or they may be related to actual performance such as the standard of power, the horse power, but in any event, regardless of the way in which they are established, they become but fixed points or conditions from which to measure variations in service or conditions.

Through extensive studies of public health practice and procedure in large and small cities and rural areas in the country, certain intensities and extensiveness of nursing service have been associated with what appear to be satisfactory services. Communities have been found which greatly exceed the optimum condition without having correspondingly better results, and on the other hand those cities which were not carrying on nursing services of the extent and quality indicated, were in general not enjoying as satisfactory health conditions in those particular fields so meagerly served.

Standards of intensity and extensiveness of nursing service have therefore been derived which in general may be said to express the median practice of the better half of cities. As our information is extended by accurate record keeping and reporting and as the correlation between service and result is developed, it may be possible to derive standards which will be more closely related to the problem in the various fields.

A commitee of the American Public Health Association in coöperation with the National Organization for Public Health Nursing and other voluntary organizations interested in public health is continuously engaged in collecting

and analyzing data relative to the volume and extent of nursing services and their effects upon public health problems of a particular community.

There has been prepared what is known as an Appraisal Form of Public Health Work which in the major fields of nursing endeavor at least sets up standards of extensiveness and intensiveness of service which may be used by individual nurses and nursing directors in the analysis of their work. A certain amount of interpretation of these standards is necessary. Consideration should always be given to the peculiarity of the local community.

When a particular standard is applied, say for example, 5,000 nurses' visits per 100 deaths from tuberculosis, all forms, annually, and it is found that your particular service exceeds this standard by 10 or 15 or possibly a greater percentage, the question should be raised as to what elements there are in the local problem, if any, that renders it atypical. Is there a deficiency of hospital service which makes it necessary to care for a greater number of patients in the home than is the case in the average community? Is the economic level of the population considerably below normal so that there is a larger proportion of cases in which the care normally to be expected from the family is of a low order? These factors might well justify extensive nursing visits. Upon the other hand, if upon analysis all conditions are found to be normal, it might be found that the intensity of nursing visits, that is, number of visits per case carried, was considerably beyond the 10 visits per case which good practice dictates and that a large amount of nursing effort was being extended in this field which was producing no commensurate reduction in mortality or morbidity.

Services rendered should not be blindly adjusted to the standards set up but the standards utilized as tools helpful in the analysis of the local problem and the distribution of services made in conformity with the need, rather than on the basis of the tentative standards now adopted.

RESULTS IN MORTALITY RATES

Since the ultimate end of public health work is the conservation of human life and efficiency we should look for the results of the work done in the statistical analysis of morbidity and mortality trend in the community. Broadly speaking public health nursing services represent between forty and fifty per cent of the appropriations for public health service exclusive of hospitals. This proportion has been growing rapidly in the last few years and every agency engaged in this field of endeavor should be on the alert for sound statistical material which will show the worth of the service.

There are many indications that the maternal mortality rate, for example, can be cut in half or even further reduced in those cases under satisfactory nursing care. There is growing evidence that the clinical and nursing service which is an essential factor of infant health supervision service has materially affected the infant mortality rate in specific areas. The work of the school nurse which is essentially the motivating influence in securing correction of physical defects and better supervision of school child health may be reflected in lowered absence rates from preventable illness. In every line of nursing endeavor there is or should be a definite objective for the service and continued search should be carried on for sound and concrete ways for expressing the results.

ANALYSIS OF EACH VISIT

An appraisal of nursing service is of little avail and may be misleading unless honest and thoughtful effort has gone into the individual nursing visit making up the whole. The machinist at his lathe from time to time tests each part of the object he is working on and most carefully scrutinizes and appraises the finished product. All pieces that vary so much as a few thousandths of an inch from the specifications are discarded as unfit for use and unworthy of being counted in his production. The public health nurse must be equally discriminating and purposeful in her work. She must apply constructive self-criticism to her efforts.

THREE TESTS TO EACH VISIT

First, why is the present visit made or the service given? In order to accomplish effective results without waste effort, there should be a specific and readily expressed purpose for each visit. For instance, the visit may be to give care in sickness, or for prenatal supervision, or for nursing service for the infant or

preschool child. Whatever the service, the nurse should establish the real purpose of her visit and keep this well defined purpose clearly in mind throughout the visit.

Second, what was the result of the visit? When once a definite objective for each visit has been established, it is a simple matter to review the case afterwards and record whether or not this objective has been accomplished. In many cases the result of the visit will be very different from the one aimed at, and may be more or less advantageous to the patient. Whether the results and the original objective agree is of less importance than that the results be recorded. In recording results of visits, wise discrimination should be used in the selection of items or factors. The results of visits or the condition of the patient, which is of interest and importance when a return visit is to be made in a day or two, has but little or no value if there is an interval of several weeks or months between visits. A review of case records in a number of nursing services shows the indelible mark of hospital influence in the recording of detailed information of transient value regarding the patient. The public health nurse must school herself to record, in the main, only those items which are essential to the proper conduct of the case, having due regard for the frequency of visits and the objectives of the service.

Third, date of return visit—At the conclusion of the case, with the original aim or purpose in mind as well as the result which was actually obtained, consideration should be given to the next step—when should a return visit be made? On the determination of this return date depends much of the efficiency of the nursing organization. As already pointed out, too frequently visits may make the family or the patient unduly dependent upon the nursing service where an extremely long interval may completely vitiate the good work already done. On this individual case analysis, carried on by the field nurse of her own cases, is built to a large degree the quality of the service as a whole. To make this close range, or detailed analysis of visits fully effective there must be at periodic intervals an analysis and summary of the case.

PERIODIC ANALYSIS AND CASE SUMMARY

Probably one of the most effective ways of insuring satisfactory quality of service is to develop a policy on the part of the individual nurse of periodically stepping out of her rôle as caretaker or supervisor of the particular case or family and view the result of the work in a detached way, taking into consideration all of the details and conditions of the case when it was first registered, the problems which it presented, the things that obviously had to be accomplished, if a satisfactory solution was to be found, and then considering what has been brought about to date and setting this down as a milestone in the march toward the ultimate goal.

A review of case histories shows a large proportion in many fields of service lost in the by-ways and detours as compared with the number which have proceeded straight through to the obviously desirable conclusion. This periodic stock-taking of the progress to date which will vary as to interval with the different types of service, helps to keep one on the right road and to focus attention upon the ultimate objective, instead of permitting effort to be distracted by the many items of human interest occurring in the day to day handling of the case.

RECORDS AS STAFF TOOLS

The record of the case should be as valuable to the nurse in planning her program and guiding her service with regard to it as is the record of temperature or pulse in the handling of the acutely ill. We are all familiar with the common regard with which records are held; namely, a drudge and a chore to be done for the sake of compiling statistics which nobody uses. There is, however, a growing tendency to make records alive, to discard matter that is irrelevant, to record those things which will be helpful in the

present or future handling of the case, and in every way possible to make them tools to aid us in our service rather than an extra burden which we must carry.

ANALYSIS OF EACH SERVICE

In quite a similar manner to the one just outlined for the analysis of the visit, nursing directors are urged to look unbiasedly at each service at periodic intervals. Five principal items should be determined in such a review.

First, what service is rendered? If, for example, bedside care is to be considered, it should be carefully studied to show the cases handled, classified by type, duration, the number of individuals served, and the actual service given to them expressed in hours, in nursing visits and other types of service employed.

Second, for whom is this service given? This should be expressed as the number in the population group reached, classified by the economic group, age and by geographic or civic division of population, if it is furnished to all classes. In the latter case the conditions under which the service may be obtained should be set forth.

Third, personnel involved. This should show clearly the nursing staff, medical aid, clerks, directors, supervisors, which are employed in rendering the service either in the field, office, clinic, or elsewhere under the direction of a particular agency.

Fourth, precise terms. The results should be expressed in definite and precise terms with all the data necessary to a full understanding and verification. Results should also be classified by type of case handled. While it is not usually possible to make any comparison between the total population and the group under nursing supervision with regard to bedside care, such a comparison is desirable and may shed much light upon the value of the service.

Fifth, an analysis of cost. This should include both the third item, personnel involved, and other expense of the service in field, office or clinic. On the basis of the last two, results and cost, the service will to a large extent be judged as to value and efficiency. In the past it has been possible to build up and support public health services to a large extent upon an emotional appeal. There is at hand at present, however, considerable evidence to show that increased or improved health has a monetary value of sufficient magnitude so that we may frankly compare cost of service with the result obtained. And in most instances it will be found that the work is well worth doing.

Only with such careful and searching appraisals as have been considered here will we be able to discard entirely our emotional appeal and place public health nursing and all public health work upon a sound economic basis for which public funds in adequate amounts can be continuously requested.

THE 1929 CALENDAR

The most recent publication of the National League of Nursing Education is the 1929 Calendar of Historic Hospitals of Europe. The calendar has a frontispiece in soft colorings of the Hospital of St. Jean in Bruges, and twelve other reproductions in brown of famous hospitals, each with a brief comment on the founding and history of the institution. A map to the sites of the historic hospitals is included. The price of the calendar is $1.00 each or $.75 for orders of more than 50. Checks or money orders should be made payable to the National League of Nursing Education, 370 Seventh Avenue, New York.

Typhoid Immunization — A Flood Benefit

By Rae Shirley
Dunklin County Health Department, Kennett, Mo.

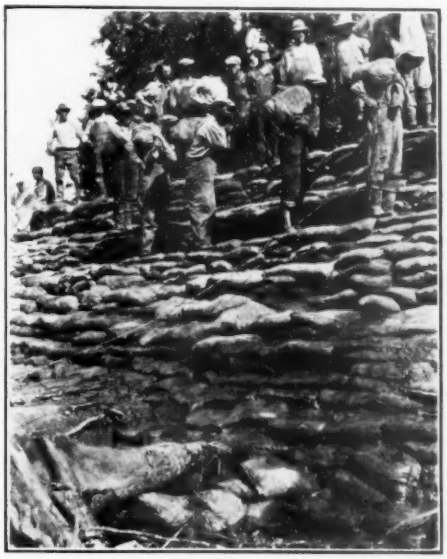
IN writing of public health work following a flood, it is very hard to condense all of the relief work into one article when a description of normal conditions in the county would require many pages. I have therefore chosen one phase of public health work—typhoid immunization in Dunklin County, Missouri, following the flood of April, 1927.

The flood in Dunklin County followed two inundations in the same year, in January and March. The extent and havoc of this third flood however, was greater than the preceding ones as it included over-flows from the Mississippi River as well as the St. Francis River. This increased the danger from typhoid fever. The towns themselves were little touched by water as they had been built before the country was drained and were on high ground.

Dunklin County lies about fifty miles south of the Ozark Mountains. It is between 200 and 300 feet above sea level and with the exception of a ridge 150 feet high which runs across the northwest corner there is not a rise of over ten feet in the county. It can readily be seen that water in quantities sweeping down from the hills would spread over the flat bottom lands in a creeping fashion, as water would if poured over a rough kitchen floor, in due time filling all the low places. From the time the report from Fisk (a town at the edge of the hills) came, until the water reached the center of the county, five days and four nights had elapsed. This type of flood meant small loss of life and stock but ruin to crops and houses. The contaminated water reached over a great area and brought us our first and great problem, namely: the prevention of typhoid fever.

PREVIOUS TYPHOID HISTORY

Dunklin County has a population of 32,898, and from 1921 to 1927 had shown from 18 to 25 deaths from typhoid fever each year. Effort had been made in the past to find the cause for the prevalence of the disease and the following facts were disclosed:



"One thousand volunteers filled and placed 1,500 sandbags a half hour."

Malaria had been a great problem up to five years before, but was on a rapid decline due to education, screening and drainage. The doctors in the county said that malaria had prevented an early diagnosis and in some cases an accurate diagnosis of illnesses.

Many cases of typhoid probably were not diagnosed and the ones who died from typhoid usually died from hemorrhage. Thus, the number of deaths almost equalled the number of cases of typhoid reported.

The population was mostly of the tenant class and lived on large plantations. A shifting population was the result.

The water supply is from the driven wells. The wells are pipes two inches in diameter with a sieve on the end driven into the soil from fifteen to thirty-five feet and a pitcher pump attached. The water from a hundred driven wells had been examined where typhoid fever was known to be with only four showing contamination.

The milk supply was of canned variety and butter little used, thereby eliminating water or milk as a common source of typhoid.

The remaining points that were decided upon as probable causes of infection were: improper disposal of waste, lack of screening, and the presence of typhoid carriers. Permanent correction depended upon education, but at this time speed was necessary.

The immediate situation had to be met by wholesale inoculation. The tenant class had scanty education, lived simply, and were deathly afraid of the needle. They must be sold on the idea at once and that would be hard to do.

PLAN OF CAMPAIGN

After two weeks of survey work and intensive publicity in which the psychology of fear was played upon and the results of past floods graphically told, the campaign was launched. April 20 was the exact date. The towns that had the bulk of past typhoid cases were scheduled first as well as those where there was overflow. The schedule of clinics was printed in all the papers in the county.

The equipment consisted of:

Mercurochrome 4% to 6%, a small collapsible stove, alcohol, two white basins, cotton, applicators, towels, one hundred rustless "Vim" hypodermic needles, one nineteen gauge Salvarsan needle, 4 syringes (two one c.c. and two 5 c.c.) and lastly one determined doctor and a nurse!

For one month a graduate nurse from the Red Cross was with us. The vaccine was procured from the State University, the Red Cross and the United States Public Health Service.

Leaving town early it was possible to make several clinics a day. Travel was by car, boat, and wagon. Only one clinic was missed and not over six clinics waited for their service. The patients numbered from twenty in the remote districts to a thousand in the large clinics. The record was held in Cardwell where 1034 people were immunized in five hours and ten minutes. Assistance in that instance was given by a doctor from the State Board of Health of Missouri.

CLINIC PROCEDURE

To hold a clinic for people of all ages and both sexes, where an accurate record is imperative in order to check the second and third immunizing doses it was necessary to have intelligent volunteers to help with recording, and to take care of the crowd. To facilitate checking the patients were lined alphabetically according to the last name and passed up to the doctor and nurse in single file. Before they reached the nurse their names were recorded by a volunteer secretary.

TECHNIQUE

The following technique was used:

The fire was kept burning all the time, the needles and syringes were boiled, hands scrubbed and bottles containing vaccine covered with alcohol sponges. The sleeves of the patients were rolled up by volunteer workers before approaching the nurse. The nurse held in the right hand a large alcohol sponge and a mercurochrome swab. She detached a small piece of cotton from the sponge with the left hand and scrubbed the patient's arm, and painted a small spot with the mercurochrome swab in the right hand. It was necessary to have at least ten arms prepared for the doctor. Waste was put in a paper bag on the table but in moments of stress went on the floor. A fresh piece of cotton was used on each patient, but the swab was not changed so often.

The patient then passed to the doctor for the innoculation. The needle and syringe had been boiled, the water poured off and the needles left in the pan.* The doctor used the syringe for every fifty people but the needle was changed with every patient and placed in the boiling water on the stove. With care it was possible for the doctor to handle the syringe without touching the plunger except at the thumb end. The syringe was filled through the large salvarsan needle which was left in the vaccine bottle. The dosage was regulated by size of the patient and if an error was made it

* For convenient needle holder (44 needles) see THE PUBLIC HEALTH NURSE, August, 1928, page 436.

was toward an over-dosage rather than under-dosage.

RESULTS

The work was ended in September. The check revealed that 15,537 people were on record, and that 15,498 received complete immunization.

The superb climax came at the end of 1927 when only three deaths from typhoid were recorded for the year and only forty-two cases of typhoid fever reported. From 1920 to 1927 the death rate from typhoid in the county was as follows:

Death Rate from Typhoid Fever per 100,000	
1920	54.7
1921	90.5
1922	47.9
1923	38.6
1924	41.3
1925	48.4
1926	72.67
1927	9.11

EMERGENCY STERILIZATION OF WATER

Water from wells, cisterns or springs, which is suspected of being contaminated, should be sterilized before it is used for drinking or culinary purposes. Sterilization by the addition of chloride of lime can be used successfully for any quantity of water. To sterilize an entire well, cistern or spring, take one ounce of the chloride of lime powder (one heaping tablespoonful) for each 1000 gallons of water. Mix the dry powder with a small amount of water to form a thin paste. Then stir the paste into a bucketful of water and pour the contents of the bucket into the well.

The above treatment should impart a slight taste to the water. If no taste is present repeat the above treatment until a slight taste is obtained. This taste is harmless and only indicates that sufficient chloride of lime has been added to sterilize the water.

It must be remembered that this process of sterilization is only temporary and that only the water present in the well at the time of treatment is sterilized. To insure safety, always have a slight taste of chlorine present in the water.

For sterilizing small quantities of water, mix one heaping teaspoonful of chloride of lime with a small amount of water to form paste; then add sufficient water to make a pint. Of this solution use one tablespoonful for each 10 gallons of water to be treated or 36 drops to the gallon.—*West Virginia State Department of Health Bulletin*, July, 1928.

Dr. James Frederick Rogers of the Federal Bureau of Education describes ten steps in the promotion of health in rural schools. They are:

A real desire for health as a genuine or as theoretical objective in education.

The backing of the board of education and the support of local groups—such as the Parent-Teachers Associations, physicians, dentists and others.

The distribution of educational leaflets.

The utilization of existing agencies.

Survey of school plant to decide on needed changes.

Medical and dental health examinations.

Translation of the results of physical examinations in active participation in the formation of health habits.

Improvement in the nutrition of pupils through school lunches.

Establishment of playgrounds.

Expert supervision to keep the health program moving forward as rapidly as possible.

—*School Life*, June, 1928.

SUMMARY OF METHODS OF CONDUCTING MENTAL NURSING

*Editor's Note:..*These data were gathered from articles appearing in this magazine, as follows:

Providence District Nursing Association—March 1926, p. 114.
East Harlem Nursing and Health Demonstration—April 1926, p. 179.
Infant Welfare Society, Minneapolis—July 1926, p. 406.
Boston Community Health Association—October 1926, p. 547.

	ALBANY	BOSTON	CHICAGO
WHO SELECTS CASES	Workers in other agencies Nursing organizations Parents	Staff nurses	Intensive study of all children registered in one station. Behavior problems from other districts for advice
CHARACTER OF WORK	Preventive	Curative and preventive	Preventive
TYPES OF CASES CARRIED	Maladjusted children Subnormal children	Behavior problems Maladjustments Mental disease	Special problem children
DIRECTOR OF PROGRAM	Psychiatrist	Psychiatric social worker	Psychiatric social worker
PERSON RESPONSIBLE FOR CASES	Staff nurses	Psychiatric social workers and staff	Staff nurses
MENTAL HYGIENE CLINICS CONDUCTED BY ASSOCIATION	Yes	No	No
SERVICE TO OUTSIDE AGENCIES	Yes	Very limited	No
STAFF EDUCATION IN MENTAL HYGIENE		Lectures and group conferences. Home visits with nurse	Two courses of lectures and single talks to staff by psychiatrist
SPECIAL MENTAL HYGIENE WORKER A NURSE	No	No	No
TRAINING AND EXPERIENCE OF SPECIAL WORKER	Psychiatrist	Graduate School of Social Work Headworker Social Service Mental Hospital	Graduate Smith College School of Social Work Boston Habit Clinics

HYGIENE SERVICES AS PART OF PUBLIC HEALTH PROGRAMS

Infant Welfare Society, Chicago—June 1927, p. 275.
Albany, N. Y., Guild for Public Health Nursing—August 1927, p. 411.
Mental Hygiene in Two Schools under the Milbank Health Demonstration, Syracuse, N. Y.—September 1927, p. 430.
Henry Street Visiting Nurse Service—New York City, October, 1928.

[*We hope to publish at a later date a description of the mental hygiene service of the Minneapolis Visiting Nurse Association.*]

EAST HARLEM	MINNEAPOLIS	NEW YORK	PROVIDENCE	SYRACUSE
Staff workers Physicians Workers in other agencies	Staff nurses Workers in other agencies Parents	Staff nurses	Staff nurses Workers in other agencies	School principal, Teachers, and School nurse in two demonstration schools
Educational and therapeutic	Curative and preventive	Curative and preventive	Curative and preventive	Curative and preventive
Children and adults Emphasis on preschool group	Problem children	Mainly women and children Problem cases	Problem children Definite psychoses Maladjusted individuals	Problem children Defective children usually not included
Mental hygiene supervisor	Mental hygiene worker	Mental hygiene supervisor	Psychiatrist	Psychiatrist
Mental hygiene supervisor	Two or three staff nurses under supervision of mental hygiene worker	Mental hygiene supervisor	Psychiatrist	Psychiatric social workers, known as "visiting teachers"
Yes	Work through regular preschool clinics	No	No	Yes
Yes, if family lives within demonstration area	Yes	No	Yes	No
Weekly staff conferences on cases	Course of lectures Case conferences Individual studies of special subjects	Course of lectures Individual conferences Case discussions	Lectures General discussions Case conferences	
No	Yes	No	Yes	No
Graduate School of Social Work Boston Habit Clinics Child Guidance, Newark, N. J., Board of Education	Experience in preschool department Three months in Merrill-Palmer School	Graduate Smith College School of Social Work Medical social work 2 years Psychiatric clinics 5 years	Public health nursing and social work, one year psychiatry at mental hospital	Graduate school of social work Experience in child guidance clinics

MENTAL HYGIENE COMMENTARIES

"Mental Hygiene is that body of knowledge which deals with the factors which modify the resistance of the individual to the stresses of life; its aim is that the individual shall be able not only to deal satisfactorily with the problems of nutrition and metabolism and with infective agents, but also with the much more complex tasks of man as a social unit; and that he shall work out a sound balance of the various conflicting trends of human nature."

Let us accept Sir George Newman's description of the object of preventive medicine, "to build a better tabernacle for the soul of man to inhabit." . . . We are, I believe, now at one of those halting points where many of the most mature campaigns, in communicable disease control, in industrial hygiene, in protection of maternity and childhood, must await the progress of mental hygiene before they will attain their cherished objectives. And necessarily so, because education, common action, a grasp of the effect of emotion on opinions, and of opinions on conduct, await the protection and development of sound minds, free from the wounds of infection, of poisons, of bad example, of the struggle between desire for self-expression and the powers which demand social conformity.

As Dr. Charles Emerson of Indianapolis, President of the National Committee of Mental Hygiene, has so very well said, mental hygiene is not psychiatry or psychology, but is a later, a higher, more nearly final product of the branch of medicine dealing with the health and disease of the mind. It is hygiene which includes the re-education of the public, suggests modification of the habits of life and laws regulating families and communities, proposes control of marriage and other most important institutions. It is the highest flowering and social application of clinical psychiatry, which in turn is based on medicine and psychology, the outgrowths of applied biology and chemistry and physics.—Haven Emerson, M.D., "Public Health and Mental Hygiene," *Western Hospital and Nurses Review.*

Mental Hygiene is not something new and alien which is added to hygiene; it is hygiene adequately conceived. Mental nursing is merely nursing adequately conceived. In a prenatal clinic the psychology of the expectant mother may be of interest to the obstetrical nurse and to the obstetrician. . . . The physician and nurse who are in contact with the infant after the departure of the obstetrician have an opportunity not only of seeing that the child gets the right formula and puts on weight at the recognized speed, but of supervising the general training of the child with regard to the first tests of its adaptation to the new world.

In regard to many school pupils, problems will come up that are not merely pedagogic problems, and the question is whether these will be handled in a summary, disciplinary way or whether they will be studied adequately and intensively by one who has been specially prepared for this sphere of work. This latter means that the school physician and the school nurse shall have comprehensive training in the field of nervous and mental disorders and be familiar with the problems that are raised by difficulties in the instinctive and in the emotional life. It is also reasonable to demand that every teacher who passes through a normal school or is otherwise preparing for the career of a teacher should have had some reasonable course in mental hygiene. . . .

Interest in work, satisfaction from successful functioning and from due recognition, an understanding of the rôle which the individual worker plays in the general industrial

machine, the absence of a feeling of injustice or grievance, these are a few of the factors which favor the mental health of the individual worker. In some plants while efficiency is assured by means of vocational tests and job specifications, by the use of production charts, by attention to problems of fatigue, and to need of change, at the same time the health and happiness are guarded by the social assimilation of the incoming worker, by definite friendly advances of chosen fellow workers, by some explanation of the rôle of the individual worker in the general industrial machine, by kindly contact with the home, if necessary, through industrial nurse or social worker. Industry, primarily interested in efficiency, may come to be one of the great cultural influences.—C. Macfie Campbell, M.D., "The Prevention of Mental and Nervous Disorders," *The Canada Lancet and Practitioner.*

The public health nurse must learn to distinguish between modifiable and unmodifiable human material. This is a distinction which doctor and nurse and social worker and teacher must learn to make, and they learn it through the painful method of trial and error in daily experience. Until we learn this lesson, we shall waste a great deal of energy and expose ourselves to ideas of inferiority and attitudes of depression. This point of view may seem heartless. Yet experience has shown that attempting to force a person to believe what he doesn't want to believe is futile. The harvest of human distress is great and the reapers are too few. As such it is an absolute necessity for us to conserve our energies for activities in which there is some opportunity for accomplishment.

You who come in contact so intimately with these gnawing problems of human lives, I would urge to work upon such common needs of mental hygiene. If in your own mind talking with a psychiatrist is synonymous with a charge of insanity, your clients will feel the same way. If you allow yourself to yield to the facetiousness that expresses itself in "I guess I'll go and have my head examined," you may stand in the way of someone who needs our helpfulness. The persuasion of someone to go to the right physician and talk things over is not a task, if you yourself understand the nature of the mind, and its expression in behavior. There are few of us who do not need to recover from mind shyness. The word psychology is a commonplace in our conversation, but it usually refers to the psychology of the other fellow. It is one thing to take courses of study and do reading on Instinct and Habit; it is another to recognize emotional mismanagement in ourselves that causes us to be physically ailing, or bitter and cynical, or petulant and over-critical.

From what I have seen of the nurse in training, and the nurse in public health, I believe that she is not only competent to understand and use these principles dealing with the relation of behavior to health, but I feel that her work is seriously handicapped by a lack of training in this branch of medical science. To make possible such practical experience for you who go out to bear the burden and heat of the day should be one of the greatest causes to which nursing education can direct its energy.—Esther Loring Richards, M.D., "The Meaning of Individual Adaptation in the Field of Health," *Shumway Memorial Lecture of the Visiting Nurse Association of Chicago.*

The new concepts of mental disease and defect are working a revolution in penal policies, as evidenced by the presence of a mental clinic as a central feature in certain modern prisons, based on the pioneer study made by the National Committee at Sing Sing Prison under Dr. Bernard Glueck. We shall move still further along this line in the future, as indicated by Governor Smith of New York in his recent suggestion that judges and

juries should merely decide on the facts in a criminal case, the diagnosis and treatment of the offender to be decided by a board of medical and social experts.

The success of our state program, and of the mental hygiene program as visualized on a nation-wide scale, depends on something more than a sound objective and a workable administrative plan. It depends—like everything else in this world—primarily on personnel. The public today wants mental hygiene, wants it with a pathetic and appealing eagerness. "The harvest is ripe, but the laborers are few." More than anything else, in the coming years, we shall need wise and well-trained medical leaders.—C.-E. A. Winslow, "Twenty Years of Mental Hygiene," *Connecticut Mental Hygiene Quarterly.*

Facts indicate that among the school population of the United States we have approximately one million boys and girls who are headed for the mental hospital. This does not include the "feebleminded" but those only who are destined to suffer, at some time in their lives, such serious mental or nervous impairment that they will become patients in an institution, where a considerable fraction of them, probably from two-thirds to three-fourths, will permanently remain. At present, one in every twenty adults dies in a hospital for the insane.

One of the serious dangers at present is that we shall neglect all traits except intelligence, and regard a child as a tall or short intellect mounted on legs. We speak of "mental age" and "mental ability" when what we mean is intelligence age and intelligence ability. There are many kinds of mental ability, such as the ability to control one's self, or to appreciate art, or learn arithmetic. Intelligence is but one of them, and by no means always the most important.

If we are going to "send the whole child to school," let us observe the whole child, even if we cannot measure each fraction of him accurately. And let us plan for the mental health of the whole personality rather than for only a portion of that personality.

Planning for mental health would also lead us to place a heavy emphasis, more than is yet common in our schools, on self-mastery, and on the acquisition of those emotional social qualities which, though of lesser value, perhaps, in dealing with the material environment, are so necessary in making human contacts.

Even the recently revised Pennsylvania teacher-training program of study, in its four year curriculum in "Health Education," totally ignores the matter of *mental* health and hygiene, both as a pervading spirit and as a subject so named. Yet so long as we are interested in human welfare, it is hard to see how there can be a more important subject than the hygiene of the human mind. Any "health" that does not include mental health is a form of illness.—Daniel Wolford La Rue, "Mental Hygiene in Curriculum Making," *The Nation's Schools.*

Mental Hygiene Lectures for Municipal Nurses

Department of Health, Detroit, Michigan

A MENTAL hygiene program is not a part of our public health nursing service. Because we are not properly trained for it, we do not assume the responsibility for guiding patients in their mental adjustments. We do however, assume the responsibility for recognizing which patients need to be referred for such care and we try to maintain an intelligent relationship with them which will not only facilitate our own specific service but which will react favorably upon the efforts of the special visitor with whom we work closely.

Our " Mental Hygiene " course was not introduced primarily for the purpose of serving patients better, but for the purpose of helping staff nurses to live more harmonious, more intelligent and more satisfying lives. If we can be wholesomely, happily adjusted ourselves we can hope to assist more sympathetically and understandingly in the adjustments of others. We have taken the attitude that all of us can be improved and that all need help, some perhaps a little more than others. We are unwilling to continue to carry the handicaps that most of us are not responsible for and that deter us in our professional and in our social relationships, and we are willing to strive with assistance to overcome them. Some of us need only the general class work, others need and receive special, individual help. Our Medical Director indicates a Psychiatrist for certain conditions.

We are introducing the subject this fall to our junior nurses, as well as to the older nurses as heretofore, with the hope that younger nurses entering the service may " find themselves " more quickly. Since the death of Dr. A. L. Jacoby, who was Director of the psychopathic clinic of the Recorders Court, and for so many years our considerate and helpful friend, we have been fortunate in soliciting the interest of Dr. Nellie L. Perkins, since she has returned from Cornell University. While there Dr. Perkins was Professor of Child Training and Parental Education and Director of the Child Training Laboratory. She knows our needs and is proving a great help in teaching us how to meet life intelligently, honestly and as normally as is possible.

At present our course is a two-hours credit course or two-hours weekly for one semester. It is given in the afternoon during " duty " time, so that nurses are excused from the field and also given transportation to attend.

When we first started real study classes seven years ago, previous to which time we had had weekly lectures only, we paid the teachers directly and held the classes in our own building. Now nurses pay tuition fees like anyone else and the University or College, in this case the College of the City of Detroit, pays the teacher. We however, see that the fees from every class more than pay the cost of the teaching, so that financial burdens do not complicate our request when we add another subject. Dr. Perkins has kindly given this outline of the course.

OUTLINE FOR LECTURES IN MENTAL HYGIENE

The new understanding of conduct.
- Brief history of recent developments in science re humans.
- Contributions from Psychology, Psychiatry and Biology.

Analysis of personality development.
- (a) the instinctive background.
  - interplay and balance of drives to activity.
  - habit formation.
- (b) the emotional background.
  - part played by fear, rage, jealousy and love.
  - conditioning and unconditioning.
  - emotional maturity.
- (c) the mental mechanisms and their rôle.
- (d) behavior patterns, fundamental and transitory.

Attitudes.
  Social and individual.
  Customs and conventions.
  Public opinion.
Interplay of personalities.
  Home influences, the family circle, ambitions, standards, training and philosophy of living.
  School influences, interplay of home and school teachings.
  Professional influences, standards and ethics.
Initiative and independence.
  Emancipation from home and childhood.
  Maturity.
Application.
  (a) Psychology of approach.
    nurse and patient.
    nurse as teacher.
    nurse as co-worker.
    nurse and family.
    nurse and individual development.
  (b) Mental hygiene principles.
    sane living, wholesome outlook, understanding and breadth of view.

Both the lecture and discussion methods were used. Each student was required to present situations from her own life both childhood and adulthood; home, school and professional experiences were analyzed.

GRACE ROSS, *Superintendent of Nurses, Department of Health.*
N. L. PERKINS, PH.D., *College of the City of Detroit.*

CANADA—THE MECCA OF THE INTERNATIONAL COUNCIL OF NURSES, JULY 8, 1929

Canada in her own way is quite as different as Europe from the United States. The great Dominion has not yet experienced the tremendous industrial upheaval which characterizes American life. Here there are lingering traces of the early colonists. Canada can show quaint old French villages with crooked cobbled streets, where time seems to have stood still, as well as the thriving young cities of the magnificent wheatlands of the west.

Canada, and notably its greatest city, Montreal, is preparing to welcome the thousands of nurses from all over the world who are to gather next summer at the Congress of the International Council of Nurses. The program for the meeting is still in the hands of the Program Committee but that it will be of a highly interesting nature we can, however, promise.

Even if there were no congress, the attractions of Montreal alone offer inducements to visitors. The city is built on the site of an Indian village called Hochelaga, discovered in 1535 by Jacques Cartier. The second largest French-speaking city in the world with a population of over a million, it is the metropolitan center of a land of romance, the French-Canadian province of Quebec. It is one of the greatest ports of the world, 900 miles from the sea, yet actually nearer Europe by several hundred miles than New York. More grain is handled here than in any other port in the world.

Those who have the opportunity should not miss the beautiful trips which Canada offers the vacationist. Quebec is one of the oldest, if not *the* oldest city in North America, and it is certainly the only fortified one. It is the gateway to the Dominion. Commanding the St. Lawrence River for many miles, Quebec stands on a rocky promontory facing its sister city of Levis, on the opposite side of the mighty river. On the famous Dufferin Terrace visitors promenade in the evenings under the glorious Canadian sunsets. In the winter time this terrace is the scene of winter sports. Many feet below, built into the face of the cliff, run the tortuous streets which remind one of the days when this was New France, in the turbulent years of the 17th century.

Trips out of Quebec include the famous St. Lawrence Bridge, an unforgettable excursion to the famous shrine of Ste. Anne de Beaupré, a drive by motor along the river separating the mainland from the Isle of Orleans, the Montmorency Falls—over 100 feet higher than Niagara—and Kent House, once the residence of the Duke of Kent.

The International Social Service Conference, Paris

By Juliette Lefebvre
League of Red Cross Societies, Paris, France

THE International Social Welfare fortnight which took place in Paris from July 2d to July 13th was attended by six thousand members from 50 different countries. The plan of the conference originated in the minds of the European social workers invited to the National Conference of Social Work in Atlantic City (1919) and later in Washington (1923). The four congresses which were held during the Paris Conference: the International Housing and Town Planning Congress, the International Congress on Statutory and Voluntary Assistance, the International Child Welfare Congress and the International Conference of Social Work with the exhibition of housing and social progress which was common to all, were events of great importance.

The International Conference of Social Work met for the first time. The conference opened formally on July 8, with an address by the president, Dr. Alice G. Masarykova. It brought together between two and three thousand social workers, representing countries varying widely in their conditions and possibilities, and permitted an extraordinarily interesting interchange of information, of views and conceptions concerning most aspects of social work.

Social work was taken in its broadest sense as the organized effort to relieve distress due to poverty, to restore individuals and families to normal conditions of living, to prevent social scourges and to improve the social and living conditions of the community, through social case work, through group activities, through community action in legislation and administration, and through social research.

Thus the general organization of social work with its scope, progress, limitations, both moral and economic, and its influence on urban and rural community life; social case work with its methods, its problems of administration and of financial support under public and private auspices, its bearing on legislation and the contributions it makes to other fields of endeavor; the methods employed to create a community spirit; the family standard of life and the household management in relation to wage expenditure; family problems of unemployment and of migration; industrial health work as well as the relationship between social work and health work, were subjects well chosen to hold the attention of nurses, to help them to a better understanding of their own task and to inspire them with a stronger desire for sympathetic and close collaboration.

The mornings were occupied by plenary meetings, whilst the afternoons were reserved for discussions of the five sections:

General organization of social work.
Training for social work.
Methods of social case work.
Social work and industry.
Social work and public health.

The fifth section studied the nature and the scope of social service in relation to health problems, and the responsibility of the State in these matters.

In a comprehensive study of hospital social service in all countries, Dr. Cabot defined the meaning and the philosophy of the hospital social worker, her social and spiritual *raison d'etre* with patients at a time when their physical disability brings a narrowing of their natural environments. Now when so many countries have developed this work most interesting questions were raised as to the relative importance of her scientific knowledge of curative and preventive medicine and hygiene, of her command of the

services of the existing social agencies of the community, as well as of her spiritual power to develop to the maximum the resources lying dormant in the patient himself, or in his family. It seemed inevitable to conclude that, conditions varying widely, each country must decide whether it was best served by a social worker having some medical knowledge, or by a public health nurse with social training. As regards, however, the training and the qualities required of rural social workers, opinion was unanimous. Public health nurses alone can answer the need, but in order to do so successfully they must have enough knowledge of political and social economy to understand the economic and social conditions of the working classes, the material facts which govern their lives.

The importance of the mental factors to be reckoned with was well brought out by the eminent specialist, Dr. Toulouse, who gave a clear report on the organization of his psychiatric center, fully equipped for the treatment and prevention of all kinds of mental troubles and for the special training of physicians and social workers. The possibilities of preventive measures were well stressed, and accounts given of remarkable work accomplished outside the remedial sphere, by the Child Guidance Clinic of England, and the Institute for Juvenile Research of Chicago.

Dr. J. C. Thomas's paper on social and health work in London schools emphasized the point that a country's educational system is in itself its greatest work for social amelioration. Health and education should advance together, and there is no other department of State activity so wide as the school.

The question of State responsibility in social adjustments was recognized as varying greatly in different countries. Whilst hospitals and schools are now most often under State management, hospital social service and school social service have so far generally remained under voluntary auspices. Should social work be an integral part of the hospital organization, controlled and paid by it? This seems to be the ideal to be looked forward to, the only possible way perhaps of considering the development of hospital social service in many countries, but present conditions in the U. S. A., France and Belgium, where hospitals are under State management, make this arrangement undesirable as yet.

Thus also for the school social service, which in Great Britain has been assumed with good results, by the Voluntary Care Committees of English Schools, it is hoped that some day Boards of Education will be able to engage a sufficient number of trained public health nurses; meanwhile many private organizations, notably Red Cross Societies in Japan, Greece and France, are endeavoring with their nurses and Junior Red Cross activities to assist the State.

In his paper on popular health instruction, Professor Schlossman from Germany emphasized the point that "all public health instruction should be based on the knowledge imparted to the individual at school." All methods, all possibilities of promoting knowledge and understanding about health, that is

> Instruction by the spoken word,
> Instruction by the printed word,
> Instruction through pictures,
> Instruction through impressions received in exhibitions and museums,

should be adopted by schools as well as used for the benefit of the older generations.

John A. Kingsbury's paper on Health Demonstrations and Social Progress was an illuminating study of the part played in this field by voluntary associations, such as Red Cross Societies and Foundations. Quoting the Panama health demonstration, that triumph of "efficient organization," the European demonstrations of Serbia, Belgium and Austria, the various demonstrations of the American Red Cross, of the Metropolitan Life Insurance Company, of the Milbank

Memorial and of the Commonwealth Funds, he gave a full account of their character, their extent and the results produced so far.

Professor Loriga from Italy presented a thorough study of health work in industry, and demonstrated the need of social work as the necessary complement of health work and of legislation for the welfare of workers. Most of the contribution made towards the welfare of the working classes is still purely voluntary on the part of the employers.

Mr. Homer Folks' extremely well-documented paper on the distribution of the cost of sickness in the United States led to an interesting discussion on the best means of relieving the individual from this very heavy burden—loss directly attributed to sickness itself, and loss suffered through loss of wages. Is it desirable to introduce in the United States the so-called health insurance of some European countries, which is only in fact a distribution of the cost of sickness among larger groups? Is it wiser to let the individual meet his responsibilities as best he can through increased wages and facultative life insurance, and for some ten years perhaps, take no risk with public opinion, which is now frankly oriented towards the development of public health, a magnificent movement of prevention of illness, which has already given such appreciable results as shown in the tuberculosis statistics? Would it be possible to interpret adequately a public policy of prevention, as well as a public policy of distribution?

Sir Arthur Newsholme recognized that Great Britain had not sufficiently safeguarded against the inconveniences of public insurance, which in fact is not conducive to public health, but the system, which, in extent, is unexampled in any country but the Soviet Republics, has given good results, thanks probably to a close collaboration with a magnificently efficient public health service. In his view, the health insurance depends for its success entirely on a well-developed public health service.

Dr. Grieser from Germany spoke of the relation of insurance to social work, which are fundamentally different. Insurance, which is organized self-help, is better and nobler than social service, which, in spite of its generous inspiration is a one-sided contribution, giving only uncertain psychological results. Health insurance is beneficent everywhere, although it is applied in a variety of ways in different countries. In Germany, 20 millions of people are insured and this number increases every day. When it is well-organized, the insurance protects not only the workman, but his whole family, and it will in time drive out charity and social work.

Insurance is to social work what hygiene is to medicine. Slowly but surely, it develops in the workers a sense of personal responsibility, of reasonable and adequate organization of their life, not only for days, but for years and decades. It tends to become the most efficient form of public health, and to better and ennoble poor law assistance. Health insurance must work in close coöperation with social service and both must coördinate their efforts in order to give the sick a methodical, comprehensive and efficient service. The results must be for the nation, good public health and economic production. Insurance and social work contribute to national welfare and international peace.

Dame Rachel Crowdy, chief of the social section of the Secretariat of the League of Nations, as principal speaker discussed the part played by women in social work.

Visits to agencies, excursions, a number of receptions, both public and private, various subsidiary meetings, added considerably to the interest of the conference; they extended facilities for those happy personal contacts which constitute perhaps the most fruitful results of international gatherings.

The finishing touch was the excursion by motor car down the beautiful banks of the Seine to the Castle of Argeronne, in Normandy. This great historic mansion has been made, by the will of its owner, Mlle. de Montmort, a center for the gathering of international or national groups aiming at securing new developments in social work.

AN AMERICAN VISITOR'S IMPRESSIONS

As a fairly casual American visitor at the meetings of the International Social Service Conference in Paris this summer, I am hesitant to attempt to jot down the three or four impressions which might be added to Miss Lefebvre's interesting account of the fortnight.

The first of these relates to a somewhat different conception of the nurse, the public health nurse and the social worker which seems to exist in countries other than our own (and possibly Great Britain). Social worker, public health nurse seemed most frequently to be used almost interchangeably. On the other hand the nurse, as such, is a person to care for the sick, and is scarcely considered to have any connection with social service work. Her education for nursing is thought of as a distinctly different thing from that of the public health nurse, health visitor, or social worker. In other words the "basic training of the nurse" for public health, institutional work or private duty, as we conceive it here—a conception greatly strengthened by Miss Goldmark's study, the *Report on Nursing and Nursing Education in the United States*—is by no means an accepted idea in other countries (as I write this I know of many possible exceptions to this impression!).

A real contribution to the question of co-operation between the health and social worker groups was made in a paper by Mr. Rajniss of Budapest for the discussion of the topic "The Contribution of Social Case Work to Other Fields of Endeavor." In this paper he brought out most interestingly the fact that satisfactory co-operation depended largely upon a common method of work—the case work method. Such a conception seems to fit in admirably with the most satisfactory practices in this country and with the newer developments in educational methods in our schools of nursing.

The fact that social work as carried on in a larger proportion of countries is official, governmental, rather than voluntary, was a point of striking difference in the various countries. Social problems dependent upon old age, sickness, unemployment, etc., fall under some governmental department. Schools of social work especially exampled in Germany are carried on in connection with these official agencies rather than in an educational institution as such. There again the case study method was advocated as the really sound basis of procedure.

In Paris a very interesting development in hospital social service has taken place. There is one central voluntary organization which holds itself responsible for the social service in connection with all of the city hospitals. The numerous workers are divided into groups according to clinic services, *i.e.*, pediatrics, orthopedics, dermatology, etc. These various groups attend the special clinics in the different hospitals as they are held, and do the general follow-up work on cases for these clinics. This makes for highly specialized work according to medical service and illustrates the tendency toward specialization paralleling medical specialization.

GERTRUDE E. HODGMAN, *Assistant Professor, School of Nursing, Yale University*

The majority of public health nurses in Toronto last winter attended a course of lectures on Mental Hygiene of Childhood. The Department of Psychology of the University of Toronto also gave a special short course in Mental Hygiene of Young Children to a group of nurses from the Toronto Department of Health. The Rockefeller Foundation granted two fellowships for mental hygiene study in the United States.

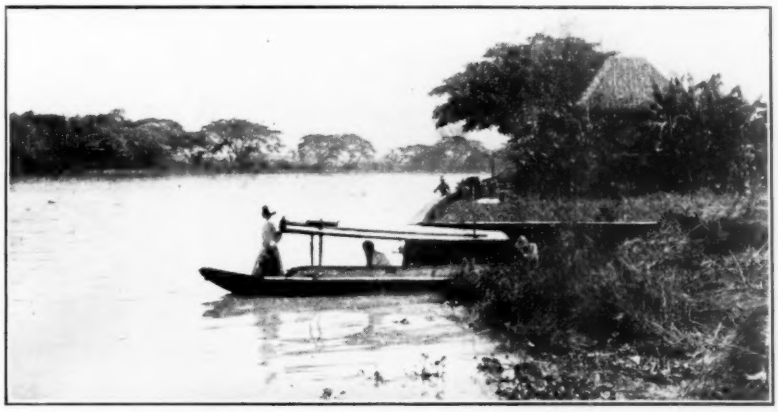
Parental training classes have been organized in Toronto in connection with one of the day nurseries.

Psychiatric surveys are being made in the public schools of Montreal, both Catholic and Protestant. It is hoped that the establishment of special classes for the mentally retarded will soon follow. One year scholarships have been granted the Child Welfare Association of Montreal by the Laura Spelman Rockefeller Foundation for two of their nurses to study Parental Education and Child Development in the United States.

A Philippine Field Trip

By Erna M. Kuhn
Director, Nursing Service, Philippines Chapter, American Red Cross, Philippine Islands

WE have in the Mountain Province, in the Philippines, three Red Cross nurses, one stationed at Camp John Hay, one in the Benguet district and a man in the most difficult districts of Bontoc and Ifugao. I visited the Bontoc and Ifugao districts, traveling from Manila to Bauang Sur, a day's journey away by train, and from there by auto-bus to the beautiful Bontoc valley over a narrow and difficult road. A system of gates is used so that travel is in one direction only, making it safe.



Worn and tired after two days of travel, I rested in Bontoc for a day, visiting the native villages and getting a little idea of how the people live. The interior of their huts is smoky and dark and it is impossible for the dwellers to keep clean within them regardless of how often they bathe in the rivers during the warm days.

The nights are cold and clothing is scanty, the men wearing G-strings and the women a strip of cloth wrapped around them. The babies are seldom clothed but are tied up in a square of cloth and strapped to the mother's back, much like our Indian papooses. The chief diet is camote (sweet potato), chicken and pork. The babies are fed on raw sweet potato after partial mastication by the mother. Only the strongest survive.

After a day spent in Bontoc, we hired horses for the remainder of the trip since the mountain trails are much too narrow to continue with cars or even a bull-cart. The mountain ponies are uncommonly slow and we shoved along at the rate of 4 kilometers or two and one-quarter miles an hour over difficult trails. On the first day it rained steadily and it was long after nightfall when we reached the rest-house of Banaue, situated in a beautiful valley with gloriously green rice terraces rising from the very door of the rest-house to the mountain tops. Roaring waterfalls crashed over the mountains at frequent intervals and the steep mountain sides were covered with pitcher plants, begonias, anemones, and jack-in-the-pulpits. The two latter were a pleasant surprise to me since I scarcely expected to find them in the tropics. Our nurse, Mr. Pacquing, said it was unfortunate to be "benighted" in the mountains and when I became a bit worried about our cargadores (carriers of baggage) because I had not seen them since noon,

he informed me that they had hastened on because they were afraid of the night since a head of one of their friends was taken on that trail only a few weeks before.

When we arrived wet and exhausted in Banaue, after a meal of dried, smoked deer meat and rice, we were only too willing to find our rooms and tumble immediately into bed. The next morning I was aroused in the misty dawn by our cargadores outside my window demanding their fees because they wished to make an early start back to Bontoc. I asked them to go to Mr. Pacquing for their fees and fifteen minutes later they were at my window again demanding more money. In order to get rid of them I tipped them each the magnificent sum of five centavos and they left well satisfied. In the mountains a schedule of cargadores' fees is planned by the Governor.

For six days we traveled on horseback from one municipality to another, in many places crossing rushing mountain streams. Once it was necessary to strip our horses of saddles and saddle bags in order that they might be made to swim the stream unhampered while we humans, being less accomplished in the art of swimming, crossed in a basket strung up on a steel cable.

Traveling is accomplished mostly on horseback, but over the most difficult trails hammocks or chairs slung between the shoulders of natives are used. Most of the nurses prefer walking to this and often they remove their shoes to make climbing easier.

The need for nursing and medical treatment in this Mountain Province is tremendous. Malaria and yaws are the outstanding diseases though all the other usual tropical diseases are not uncommon. The natives understand best, the yaws and malaria treatment and will walk miles for it. In the treatment of yaws neosalvarsan is used intravenously with miraculous results. Mercurial ointment will eventually cure the ulcers but it takes so very much longer that the patients all clamor for the intravenous treatment. Once Mr. Pacquing's supply of quinine gave out and so eager were the natives for it that they offered to go to his headquarters, a good two days' walk, to get it for him. It is necessary to carry medical supplies in quantity since once the nurse starts forth it may be months before he again returns to his headquarters. Teachers are instructed in the care of minor defects and supplies are left in the schools for their use.

A Home Visit

ROUND TABLE ON CHRONICALLY ILL *

(Continued from September number)

Helen V. Stevens, Director, Public Health Nursing Association, Pittsburgh, Pa.

The care of chronic patients is not a serious problem for the Public Health Nursing Association of Pittsburgh. In our figures for chronic cases we include that classification of diseases which is generally accepted and cases that extend over a long period of time where the progress, retardation or retreat of the disease is a slow process. During 1927 visits to chronic cases constituted 2½ per cent of our total visits. As compared with this figure the Visiting Nurse Association of Cleveland has 5.2 per cent, Minneapolis 7½ per cent, Boston 12½ per cent and New Haven 15 per cent (1926). From the standpoint of time element we spent 40 minutes per visit so that based on our average time for all types (27 minutes) the cost of the chronic visit was nearly half again as much as our average cost per visit.

For some types of chronic cases institutional care is the happiest solution. It offers them a refuge with companionship and a system of safety and regulation which insures protection and prolongation of life. The associative and companionable type of person is more easily adapted to the institution than the individualist or isolative type to whom the experience may be harrowing. I think this phenomenon is recognized by all agencies in child placing and would indicate that the case work method should be adapted to the chronic group. One distinct advantage in the institution is the possibility of offering occupational therapy which provides an activity so important to certain people for the preservation of their interest in life.

We accept the care of chronic patients needing bedside service as a part of our responsibility. We recognize chronic patients as a highly differentiated group and each case as an individual problem. The type of patient in relation to the amount of nursing care needed, the home resources and the family situation are the factors determining the extent of our nursing service. Our policy is to have the family assume as much responsibility as it can for the necessary care and the time and work of the nurse involved in teaching the family how to give this care we consider spent in profitable, constructive service.

The chronic patients represent a most helpless dependent group and make a very strong human appeal to society including the so-called hard-headed business man. With the emergence of the present leading causes of death into the spot-light modern science has become aware of the problem. It is asking the question—"What after all is old age?" As public health nurses we might find that the care of chronic patients is not just a palliative, unconstructive service, but a contribution to the study of the causes, nature, prevention and cure of so-called degenerative diseases. Moreover in all our work we should be guided by the realization that there are open to us wonderful opportunities in social effectiveness, and in the ethical and spiritual fields of service.

Helen C. LaMalle, Superintendent of Nursing, Metropolitan Life Insurance Company, New York City

We regret that we were unable to obtain permission to print this report at this time.

Naomi Deutsch, Director, Visiting Nurse Association, San Francisco, Calif.

Dr. Ernst P. Boas defines chronic diseases as those "which so handicap the patient and are of such long duration that they incapacitate him and make necessary medical treatment for a period of several months or even years." It would seem, judging from this definition, and the visiting nurse association's objectives, that a community plan for the care of the chronic would delegate to the visiting nursing service the responsibility of the chronic patient when not in an institution.

That nursing services encounter many diffi-

* N.O.P.H.N. Biennial Convention, Louisville, Ky., June 6, 1928.

culties in the care of the chronic is self evident. The outstanding problem which distinguishes these cases is their long duration. The contract service includes only a limited number of visits, the expense therefore of the free and part pay cases of which there are many, due to the financial drain of the illness, is a heavy one. At times it is difficult to meet both the demands of the acute and the needs of the chronic. Every case must be studied individually; no blanket decisions should be made. This means thorough case work. Some of these cases need institutional care. Yet only in a very few communities has adequate provision for hospitalization been made. Dr. Boas has stated that no person can be rightly called incurable until every diagnostic and therapeutic measure that may help him has been exhaustively employed. He further states that many with proper treatment could be rehabilitated and returned as useful members to society.

Dr. Alexander Johnson in an article in the March issue of *The Family*, "Care for the Aged Poor," makes a plea for home care over institutional care stressing the sense of dignity and self respect which comes from having a little place of one's own. In many states the pension system has been advocated. In Massachusetts a boarding home plan is used. Should these patients need nursing care a plan whereby the official agency were engaged to give care would be less expensive than institutional care, unless the latter were indicated.

The standard of care given to chronics should be as high as the acute service and all the resources of the community utilized. State departments of rehabilitation, bureaus for the handicapped and others may be called upon to give vocational training. Mental and spiritual needs of the patient should be taken into consideration as well as the hygienic care. In many associations, the plan is to give the nursing until some member of the family is able to give it properly. Some associations, after the family has been taught to give care, make occasional supervisory visits, which is a wise plan. From the standpoint of good family health work it may seem advisable to continue care for a longer period to relieve a member of the family on whom the burden is falling too heavily. In some instances attendants or practical nurses are members of the visiting nurse association staff, giving routine hygienic care to this group, or they may sometimes be secured through another agency, or through a list of practical nurses. This is not always satisfactory. The standards of work vary, often their charge is more than the patient can pay. Further study in the use of attendants is necessary before their services can be evaluated.

Just as in other services when a specialty is being developed it is given intensive study, so for the care of chronics a similar plan might be followed especially in the larger associations. A special supervisor who has had a wide and thorough experience in a hospital for chronic diseases, might be of great benefit to the patients, to the community and to the educational staff program.

The past record of public health nursing challenges us with a plea for more adequate, intelligent and sympathetic service to the chronic patient.

Sophie C. Nelson, Director, Visiting Nurse Service, John Hancock Mutual Life Insurance Company, Boston, Mass.

Insurance companies will not carry the load of chronic care alone. A small amount of service is given but companies are interested chiefly in preventing diseases and lengthening life. The chronic patient is the problem of the community.

A study was made in Boston as to the amount and type of service to chronic cases. The largest volume of service was to those sixty years and over; next group, forty to forty-five years. Forty-five per cent of chronic cases were men. The service was largely to those ill more than three months. Many of the cases were not admitted for care until late in the progress of the disease.

The hope of the future lies in bending efforts to prevent disease and the conditions causing the so-called chronic diseases. In spite of the fact that the theory is to give the minimum amount of care, the figures show that associations are giving a great deal of care, even daily visits or every other day. The family should be instructed to care for the patient more frequently than is done.

GRADING COMMITTEE PLANS

On September 1, 1927, the Nurses' Committee for Financing the Grading Plan launched the first step in its campaign to raise $100,000 toward the work of the grading program. That first step met with remarkable success. The total cash receipts to date are (August, 1928):

Cash	$25,409.35
Outstanding in pledges	24,324.00
	$49,733.35

The Committee believes the time has now arrived to take the next steps:

To urge the 1062 associations which have not yet contributed to the Grading Plan to do so at the earliest possible moment, even though the contribution be a small one.

To ask the associations which contributed in the fall of 1927 and the spring of 1928 for the current year only to consider pledges for the ensuing four years, or if this is not possible to consider contributions for the coming year only and reconsider the matter in each of the three succeeding years.

To solicit the assistance of the State Nurses' Associations and State Leagues of Nursing Education in urging contributions from their respective state units (District and Alumnae Associations and Local Leagues) which have not already subscribed.

To solicit the assistance of all state organizations (State Nurses' Associations, State Leagues of Nursing Education, and State Public Health Nursing Organizations) in stimulating the nurses in their respective states to contribute $1.00 or as much more as they may feel able to give.

It will be evident that the success of the campaign this fall is largely dependent upon the active coöperation of the state organizations. Our committee is confident that with help from the states a long step will have been taken toward the $100,000 goal and the year 1930 will see a grand total of even more than that amount. The work the Grading Committee is doing is vitally important to the future of nursing. It urges and compels our most earnest and vigorous efforts. If there are any doubters, let them read "Nurses, Patients and Pocketbooks." (See review in July PUBLIC HEALTH NURSE.)

CARRIE M. HALL, *Chairman*

We take this opportunity to add a pertinent paragraph from the Report of the Grading Committee regarding rural nursing:

"When the problem of nursing the country patient is being discussed by public health nurses, they agree that more public health nurses are desperately needed in rural communities. They say that the positions are not very well paid, that since the workers are either alone or in pairs they feel isolated, and that the difficulties and responsibilities which they must carry are considerably more serious than those with which the staff members in city organizations are usually faced. It is hard, therefore, to find public health nurses of the necessary initiative, resourcefulness, and ability to handle people, who will accept rural appointments. Young women of these qualifications are usually able to find city appointments for which the pay is better and the work easier. The greatest handicap is that in rural communities it is difficult to secure strong local backing, and careful professional leadership, and that public health without these two forms of support is often ineffective."

From a review of "Nurses, Patients and Pocketbooks" by Richard Olding Beard, M.D., in *The Minnesota Nurse*, August, 1928, we quote:

". . . The promotion of rural service is a topic for telling argument, but it does not convince nurses or doctors to go where they do not want to go. The community hospital and the coincident development of the group clinic would serve as a tempting invitation to both. The suggestion Dr. Burgess makes of a combination of nursing services in country districts is a good one. As a matter of fact such combinations exist either in the community practice of individual nurses or in the work of county nursing staffs. The community nurse, as we know her in the northwest, is really the best type of that sort of thing. At one and the same time a school nurse, a bedside-duty nurse, a visiting nurse, often an obstetrical nurse, on occasion a tuberculosis nurse, an infant welfare or pre-school nurse, even an industrial nurse in manufacturing places—in her entirety a rural public health nurse—she is the best form, almost the only actual picture of a generalized duty nurse. She, and she only, literally does it all."

TULAREMIA

During the last few years a disease new to man has developed, has been recognized and is spreading, of which every public health nurse should be informed. That disease is Tularemia. Tularemia is primarily an epizootic of wild rabbits and is caused by *Bacterium tularense*, which affects the rabbit's liver and spleen, producing innumerable white spots varying from the size of a pin-point to that of a pinhead studded over the surface of these organs and resulting in death. Man readily inoculates himself with the disease while dressing rabbits, the infection passing from the rabbit's liver through some wound on his hand, resulting in an ulcer on the hand, enlarged glands at the elbow or in the arm pit, and fever which confines him to bed for two or three weeks. Cooks, hunters, housewives, and market men are often infected in November, December, or January, when, owing to relaxation of the game laws, it is permitted to hunt wild cottontail rabbits for food. We also find cases resulting from tick bite and fly bite. The infection has never been found in nature in domesticated rabbits raised in rabbitries. From these facts it will be seen that the disease is more of a rural than an urban problem.

The disease is new, but the warning against it is 5,000 years old, for in Leviticus, chapter XI, verses 4–8, we read: "The flesh of the hare shall ye not eat, and its carcass shall ye not touch; they are unclean to you."

HISTORY

Tularemia is "made in America" and has been staged from start to finish by an all-American cast. The disease was first discovered in a ground squirrel in Tulare County, California, in 1910, by Dr. G. W. McCoy, of the United States Public Health Service. It became engrafted into the jack-rabbit population of the West, and then, as a disease of wild rabbits and of man it advanced steadily across the continent, invading state after state until now, in 1928, there remains only a solid block of six uninvaded states composed of the New England group. It is now recognized in 42 states of the United States, in the District of Columbia, and in Japan, but in no other country. Of 614 reported cases, 23 have terminated in death.

Thanks to the remarkable work done by Dr. Edward Francis of the United States Public Health Service our knowledge of tularemia is keeping pace with the spread of the disease. A gold medal was presented to Dr. Francis this year by the American Medical Association in recognition of this scientific contribution—"the most important medical work of the year."

SYMPTOMS

The disease manifests itself in two forms—the glandular and typhoid types. The first is the more common.

Glandular type. On the appearance of the initial lesion the patient is seized with a generalized aching, more marked in the muscles of the back, a chill, a feeling of weakness and an elevation of temperature. Nausea and vomiting may be present. There is generally profound prostration from the onset, the patient is bedfast for two to three weeks, and experiences a slow convalescence, usually lasting three or more weeks. The temperature drops by lysis. During the disease the pulse is accelerated, and there is profuse diaphoresis.

Typhoid type. In this type there is no evident initial lesion, and the glandular symptoms are less marked. The symptoms resemble typhoid fever, and the disease runs a similar length of time.

The diagnosis of tularemia is confirmed by a blood test. Blood should be taken as for a Wassermann test. The disease has never been known to spread from man to man, but the nurse should be extremely careful to use such precautions in dressing the ulcers of tularemia as she would use in the care of any suppurative wound. If she has cuts or abrasions on her own hands she should wear gloves.

The enlarged lymph glands are not usually opened by the doctor until after

pus has definitely formed. One attack confers immunity in man. Rest in bed is the most important treatment. No preventive vaccine or curative serum has yet been perfected, nor has any special drug been found effective against tularemia.

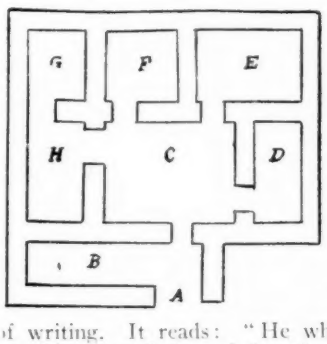
PREVENTION

Rabbit meat thoroughly cooked is harmless for food. Rubber gloves should be worn by those who dress wild rabbits. Immune persons should be employed to dress them where possible. Beware of the wild rabbit which the dog or cat has caught, or which a boy has killed with a club—it is probably a sick rabbit. The hunter should not shoot his rabbits at the point of his gun. Let him be a sportsman and shoot them on the run at 75 yards, and the chances will be lessened that the rabbits he bags will be sick with tularemia. The women of the country are coming to the rescue. They are telling their sportsman husbands to bring home the birds, but to let the rabbits lie as they fall!

References

Tularemia—Bulletins of the United States Public Health Service, February and July, 1928.
Tularemia—By A. J. Campbell, M.D., *United States Veterans Bureau Medical Bulletin*, March, 1928, p. 228.
Tularemia a Disease of Rodents and Man—By Thomas G. Hull, Ph.D., *Nation's Health*, November, 1927, p. 29.
History of Tularemia—Edward Francis, M.D. Johns Hopkins University. De Lamar Lectures, 1926–27.

A SCHOOL IN BABYLON FOUR THOUSAND YEARS AGO



In *The Conquest of Civilization*, by James H. Breasted, we find this account of the oldest schoolhouse:

A schoolhouse of the time of Hammurapi (about 2067–2025 B.C.) has actually been uncovered with the clay-tablet exercises of the boys and girls of four thousand years ago still lying on the floor. They show how the child began his long and difficult task of learning to understand and to write three or four hundred different signs. The pupil's slate was a soft clay tablet, on which he could rub out his exercises at any time by smoothing off the surface with a flat piece of wood or stone. One of the tablets found in the schoolhouse contains a proverb which shows how highly the Babylonians valued the art of writing. It reads: "He who shall excel in tablet-writing shall shine like the sun."

The ground plan of the schoolhouse, as shown in the picture, was about 55 feet square. The children went in at the door (A), across the end of the long room (B) where the doorkeeper sat and perhaps kept a clay-tablet tardy-list of the pupils who came late. Then the children entered a court (C) which was open to the sky, and we may suppose that they separated here, the big boys and girls going into their own rooms, while the little ones went into others. Probably in the court (C), was a pile or box of soft clay, where a boy who had already filled his clay-tablet slate with wedge-marks could quickly make himself a new slate by flattening a ball of soft clay. The walls of sun-dried brick are still 8 or 9 feet high.

The East Harlem Nursing and Health Service sends us these notes on its Mental Hygiene Service:

Grace E. Allen, who pioneered in the development and administration of the mental hygiene service, as part of the general health program, has taken up work elsewhere.

Sybil H. Pease will carry on the mental hygiene work along the lines already laid down, but with full scope for experimentation in the administration of the program. Miss Pease is a graduate of the Simmons College School of Social Work and has a certificate from the Smith College psychiatric course. One and a half year's work in Dr. Thom's Habit Clinics in Boston and two years with the Newark Board of Education as a visiting teacher have given her experience in the preventive program.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

SPECIAL DEVICES

Courtesy of the New York State Department of Health

It is a well recognized fact that home is the best place for young babies, but realizing that there are times when parents find it necessary to travel, members of the staff of the New York State Division of Maternity, Infancy and Child Hygiene have devised a traveling suitcase kitchenette which contains all of the utensils and essentials necessary to provide the same kind, amount and quality of food that the baby would ordinarily receive at home.

A sterno outfit with a tray and holder furnish the means for cooking the cereal, heating the prepared food, boiling the water for drinking and for boiling the nipples, bottles, etc. Soap powder and bottle brush are part of the equipment so that the bottles may be cleansed after which they are rinsed and then boiled. A small egg beater, tin measuring cup, tablespoon and spatula are included for use in preparing the usual feedings. A dish towel is carried to dry the various utensils so they will not rust; with the holder, rubber apron or bib it also is used to pack around the glassware to prevent breakage. The measuring cup and spoon may be used for feeding the baby or his feeding dish may be carried. All of the equipment can be purchased at the five-ten- and twenty-five cent stores. A cheap suitcase forms a convenient carrying case.

The food suggested for the journey includes dried milk purchased of any drug store, dry whole wheat cereal, which is cooked as needed, zwieback and an ample variety of cooked and strained vegetables in small glass jars.—*New York State Department of Health.*

In the prenatal service of the Community Health Association, Boston, Mass., the following test for albumen, recommended by Ulmont P. Steward, 2nd Lieut., U. S. A., Camp Gordon, Atlanta, Ga., in the *American Medical Journal* for October, 1918, is used:

Steward's Solution—(prepared by druggist)

Picric Acid	5 grammes
Mag. Sulph.	200 grammes
Citric Acid	10 grammes
Distilled Water	750 grammes

Dissolve picric acid in 300 c.c. of the distilled water after water has been warmed. Dissolve citric acid in 200 c.c. of distilled water. Dissolve Mag. Sulph. in 250 c.c. of distilled water. Mix after they are all dissolved.

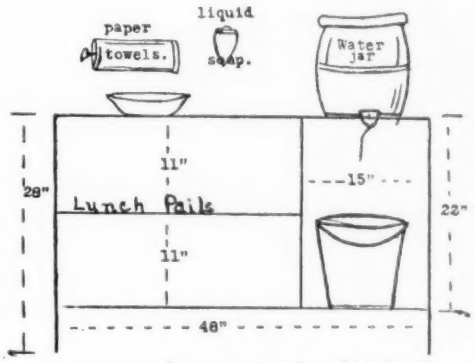
Place on a chair or table not used for eating purposes, a paper and on it the bottle of Steward's solution, glass and pipet. The patient is given a glass and asked for a fresh specimen. Re-agent is poured into test tube—about 4 cm.—pipet is inserted in the urine and about 2 cm. is taken into the tube. With finger kept on pipet the pipet is inserted in the Steward's solution and the same quantity of re-agent is taken into the pipet. Remove finger. If there is albumen, a white line will form between the line of urine and re-agent. The pipet should be evenly ground or it will drop the solution and spoil the test. Pipet should be held perpendicularly from the time it enters the urine until test has been completed. If solution becomes turbid, it is useless.

This test has been found to be just as accurate as the heat test and an advantage because it is so simple. Also, this test eliminates the danger of serious burns from nitric acid, a great disadvantage in the old method.

Pierce County Chapter, Rugby, N. D., sends this diagram of a washstand which is being used as a model for the rural schools without running water.

"This stand was made and planned by parents in a German district who had never been very enthusiastic over school affairs. We thought the stand was so good that we asked to have it displayed at the school officers' meeting. Several schools have had them made for their schools."

Doors or a denim curtain would give a more sightly appearance and protect the lunch pails.—*Red Cross Courier, August, 1928.*



Courtesy American Red Cross

For carrying records in the nurse's bag a common manila envelope, nine by six inches, with clasp is used; it is closed at the top, then slit open along the nine inch side and the edges folded in. The time and visit sheet is clipped to the outside of the envelope; a pencil may also be clipped to it or carried inside. The envelope is placed on the top of the nurse's bag, making it convenient for accuracy in checking time on entrance and departure of home visit. This record envelope has several advantages: it is cheap, therefore may be frequently renewed and kept clean; amply large for 5 x 8 record cards; stiff enough to write on, and open enough so that the contents can be seen at a glance.—*Milwaukee Visiting Nurse Association.*

A revolving open air house to be built on the roof for the use of convalescents, and sun and air bathers is a unique and practical suggestion from West London Hospital, England. The house, a small roofed shelter open on one side to the sun, may be turned by a nurse to face the sun or in stormy weather to cut off the wind or rain. It has space for ten children.—*The Nursing Times,* August 25, 1928.

The Mental Hygienist Revises "Alice in Wonderland"

"Speak roughly to your little boy
And beat him when he sneezes;
He only does it to annoy
Because he knows it teases."

"Think straight about your little boy.
Learn WHY it is he sneezes;
Unless there's reason to annoy
He'd rather do what pleases."

Connecticut Health Bulletin

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

The resignation of Miss Mary A. Brownell is a great loss to the N.O.P.H.N. Miss Brownell has given invaluable service to the organization and to its members all over the country, and her association with the other members of the N.O.P.H.N. staff has been a peculiarly happy one.

We are glad to have this opportunity, on behalf of all the members of the N.O.P.H.N., to convey to Miss Brownell our thanks for her devotion to the organization and to wish her success and happiness in the future.

ANNE L. HANSEN

FALL MEETINGS

Dr. John A. Smith, Medical Secretary of the National Tuberculosis Association and since February, 1928, secretary of the American Heart Association, died suddenly August 20 while on his vacation in the Adirondacks. The National Organization for Public Health Nursing will greatly miss the friendly advice of Dr. Smith, who always gave freely of his time and thought in all matters connected with public health nursing.

The first meeting of the Board of Directors of the National Organization for Public Health Nursing, Inc., was held at 99 Park Avenue, New York City, September 21, 1928. The following persons were nominated and unanimously chosen as officers of the corporation until their respective successors are chosen and qualify:

President—Mrs. Anne L. Hansen
First Vice-President—Winifred Rand
Second Vice-President—Sophie C. Nelson
Treasurer—Alexander M. White
Secretary—The General Director

The revised by-laws were submitted and adopted and will be sent to the membership in the near future.

The fall meetings of the Executive Committee and special committees were held in September. The appointment of new committees will be announced in the November magazine.

Two additional N.O.P.H.N. representatives have been appointed to the Joint Vocational Service Board. They are Rachel Miller, of the New York Diet Kitchen, and Elizabeth Mackenzie, of the Henry Street Visiting Nurse Service.

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER
Vice-President, Instructive Visiting Nurse Society, Washington, D. C.

WHY A BOARD AND COMMITTEE MEMBERS SECTION?

By Virginia Cross, Chairman of the Board and Committee Members Section.

The formation of the Board and Committee Members Section of the National Organization for Public Health Nursing has developed from the increasing interest of the lay workers in public health nursing.* It seems a far cry from the small group of women who started district nursing by putting a nurse in the field, making an adjustment between patient and doctor, and thinking that that was all there was to this new branch of nursing, to the present day, when well organized work requires an executive director, supervisors and staff, and is dependent upon a close relation with physicians, departments of health, social services, public schools, schools of nursing, hospitals and in fact all the personnel connected with the prevention of disease and the community care of the sick.

With the increase of these different interests has come the gradual development of enthusiasm and knowledge on the part of boards of directors and committees, until now there is a large group of persons actively engaged in the administration of public health nursing who feel the need of more direct coöperation and coördination between themselves through a closer union with the National Organization for Public Health Nursing.

It is now recognized that the executive director of a visiting nurse association can develop the work just so far as her board of directors can intelligently follow her. Part of the administration of public health nursing work, therefore, concerns the lay group, quite aside from the professional aspect of the work. The qualifications of members on boards of directors, the scope of the work, the contact with other agencies, the community problems, the question of support by the public are only a few of the responsibilities of this lay group.

The stimulus of the New Haven Institute for Board Members (1927) has extended all over the country. Boards are re-organizing, reforming their old committees and appointing new ones, in an effort to become more efficient in the administration of their work. Whenever groups meet there is eagerness for information as to what other boards are doing and a desire to profit from the exchange of experiences. THE PUBLIC HEALTH NURSE has offered since 1927 a special department—the Forum—as a clearing house for such experiences, new developments, and in this way provides an opportunity for the members of the new section to keep informed as to the work of the section as a whole.

When the Board Members Manual is completed many administrative questions will be answered and plans of organization will be recommended. It will, however, be impossible to draw hard and fast rules for the whole country, so there will still be many points of difference needing general discussion. It is hoped that this Manual will become a part of every board

* The names of officers and rules of the Board and Committee Members Section which was officially organized at the Biennial Convention in Louisville, Ky., appear in the July number of this magazine, page 358. Addresses and informal discussions at the Section Meetings also appear in the July number.

member's library and be used as much for reference as is THE PUBLIC HEALTH NURSE.

It seems desirable that some program be developed by the new section whereby in each state there will be a strong group of lay members, either as a part of the State Organization for Public Health Nursing or of some public health nursing committee of the State Graduate Nurses Association. In one of the eastern states there has been for some years a state association of board members which has met regularly for discussion. In that state now exists a large group of intelligent women, ready to influence public opinion when any public health problem or law comes up for discussion.

It is also expected that this group of lay members will come together to study the development of public health nursing as a state and county problem, and be ready at any time to bring to the executive committee of the section any problem in which they would like assistance. Through these state and county groups may grow a desire for regional conferences.

The new section hopes that it may be of use. The office of the N.O.P.H.N. will be its headquarters, and will be prepared to advise as to programs and subjects for discussion. Should the usefulness of the section grow, it may sometime be advisable to assign a secretary for the work of the lay group.

The executive committee of the section has under consideration at present a program to cover the interval between Biennial meetings. After a full discussion by the whole committee, this program will appear in this department of the magazine.

The executive committee urges every one in the country interested in public health nursing to ally herself or himself with this section through membership in the N.O.P.H.N., and to feel an individual responsibility to make the work of the section as far-reaching as possible.

The professional group of the N.O.P.H.N. at the Biennial Convention in Louisville stressed the importance of the formation of this section as a step forward, and gave the section such a cordial reception that it is a direct challenge to us as lay workers to take our place in the steady progress which has so marked the work of the professional group.

Will you all help by sending us your name, and suggestions as to the way you would like to see the section develop?

Miss Jennie C. Benedict, the beloved vice-president of the Public Health Nursing Association of Louisville, was called to her eternal reward July 24th, 1928.

Miss Jennie (as she was familiarly called) was associated with the public health nursing movement in Louisville from its inception in 1892. She was the superintendent for more than twenty-five years of the district nurse work conducted by the King's Daughters, which was the first visiting nursing service given to the community. Miss Benedict also assisted with the organization of the first Training School for Nurses at the City Hospital, started in 1890.

Another enterprise in which Miss Benedict was interested was the care of incurable patients. The members of the King's Daughters Circles through their visits in the homes of the destitute and unfortunate in the city found many such patients sadly neglected in their homes and no provision in the city for their care. To see a need meant finding some solution for that need. Miss Benedict again provided the driving power that converted the ideal for existing need into reality. The King's Daughters Home for Incurables is the enduring memorial to an ideal for service.

When the District Nurses Association and the Babies Milk Fund Association were united in 1919, Miss Benedict was elected vice-president of the Public

Health Nursing Association, and helped maintain the delicate balance which promoted the safe transfer of the allegiance of the King's Daughters to a new board and a new program of work. She continued as President and guiding spirit of the District Nurse Association for 26 years.

Miss Benedict's loss to the Board of Directors of the Public Health Nursing Association and the community as a whole cannot be estimated. The appreciation and loving regard of the Board is summed up in the following resolution:

WHEREAS, Miss Jennie C. Benedict has been a constant inspiration to her associates on the Board and a personal influence to members of the nursing staff;

BE IT RESOLVED, that the Board of Directors of the Public Health Nursing Association express its affection and appreciation of the life of service and helpfulness lived by Miss Benedict and its valued contribution to the community. More particularly do we value her achievement and contribution to the Public Health Nursing movement in the city and state, and we gratefully recognize her ready acceptance of new methods being evolved in the changing public health nursing program and her support and sympathy in putting these into effect.

BETTIE MCDANALD,
Director, Public Health Nursing Association, Louisville, Ky.

EDUCATION COMMITTEES

Our Educational Committee was formed about five months ago. The first meeting was confined to the work of our own organization. Miss Robson, the director of nurses, encouraged the asking of questions. Some of these were:

What is the relationship between the Metropolitan Life Insurance Company and the John Hancock Life Insurance Company with the visiting nurse association?

What is the cost per visit?

What proportion of our work is maternity work?

Does the Metropolitan Life Insurance Company and the John Hancock Life Insurance Company pay for the nursing care of the new born baby or only for the care of the mother?

At the second meeting the supervisor of the St. Louis municipal nurses told of the work done at the ten clinics under their care. The function of the municipal nurses and their coöperation with the visiting nurse association was explained.

Our Educational Director at the next meeting gave a report of the Cattaraugus County Health Demonstration with which she had been connected before coming to us.

At the fourth meeting Miss Beatrice Short talked on "What to Expect at the Louisville Convention" and the important part on the program to be taken by board members.

Our business meeting begins at 11 o'clock. At 12:30 we have lunch after which we have our education program. LILLIAN A. TAUSSIG, *Visiting Nurse Association, St. Louis.*

The Education Committee was organized in February, 1928. Our plan up to the present time has been as follows:

The Committee consists of nine board members and meets once a month. The superintendent gives a short account of the activities carried on by different local organizations, explaining for instance the work of the school nurses and the Division of Health Nurses, the Nurses' Registry, etc., and answers questions in regard to our own work.

Each member of the committee reports items of interest from one of the following magazines—THE PUBLIC HEALTH NURSE, *The American Journal of Nursing, The Journal of the American Public Health Association, The Modern Hospital* and *The Journal of the American Medical Association.* One member also reviews annual reports received from other Associations, and a summary of the most important items from all these sources is given at the next board meeting.

In addition to her usual report the superintendent has been asked to give at each board meeting an account of some phase of the work of our Association and every trustee is given a summary of this to be kept in a paper folder provided for the purpose. We have distributed in this manner a list of our staff of workers, with an explanation of their particular duties, a history of the Association, the family budget determining the eligibility of patients for free treatment in our dispensary, and a small map of the city divided into our districts. At each meeting the trustees also receive the *Monthly Digest of the National Health Council* for which they have subscribed. Copies of the above mentioned material are mailed to members of the board not present at the meeting.

We realize this is only a small beginning and we expect to develop new ideas. GRACE S. FROST, *District Nurse Association, Toledo, Ohio.*

Communications for this department should be sent to Mrs. G. Brown Miller, care of THE PUBLIC HEALTH NURSE, *370 Seventh Avenue, New York City.*

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE SUMMER SCHOOL FOR PAST STUDENTS OF THE INTERNATIONAL RED CROSS COURSES—1928.

This summer from July 16th to August 4th some seventy-seven to eighty nurses, from twenty-seven different countries, met together in London to continue their studies of nursing problems. The summer school was the first reunion of the past students of the international courses which have been offered during the past eight years by the League of Red Cross Societies in conjunction with Bedford College for Women of the University of London and with the College of Nursing in London.

Main Building, Bedford College for Women

Each student of the summer school was recommended by her local Red Cross Society and in many instances her expenses were met by the National Red Cross Society. The League of Red Cross Societies, of which Mrs. Maynard Carter is Director of Nursing activities, provided the funds for the school and was primarily responsible for its existence and direction. Bedford College was hostess, providing classrooms and residence for the students, and assisting in the working out of the educational program. Much of the success of the school was due to Miss Nan Dorsey, Superintendent of International House.

The College of Nursing, a professional nursing organization, with an educational interest in the profession not unsimilar to that of our N.O.P.H.N., assisted by giving its professional backing as well as its interest and advice.

Every student who attended the summer school could speak and understand English, a fact which made the meeting rarely profitable to unlinguistically gifted Americans (and English?) as well as to the group as a whole, since it was one common language among them all. This does not mean that all language difficulties were eliminated. Even the English of England and of America requires much interpretation. And only the skilled linguist can really distinguish varying shades of meaning in different methods of language expression of any foreign language.

It is not only the difficulty of language which is bewildering in such a group, but one soon finds one's most cherished "principles" unknown or unappreciated as principles! Emotionally, we like what we are used to, and so it is no wonder if one tends to become impatient or discouraged upon discovering the varieties of differences in nursing as it is practised in twenty-seven different countries of Europe, Asia and the Americas! Intellectually, it is difficult to understand these differences, which are based upon different historical background, educational and social standards, economic and political situations, and a different status of women. And so it requires both intellectual effort and emotional desire to understand and to appreciate, if such a course for international students of nursing is to be a successful enterprise.

Neither of these qualities—intelligent effort nor sincere desire—was lacking in those responsible for the

summer school or in the students themselves. Therefore, it was not long before the differences which (to me at least) had seemed so great began to disappear and the innumerable things which we all had in common began to emerge. Modern nursing throughout the world seems to be founded upon the ideals and teachings of Florence Nightingale. No matter what other historical factors may have contributed to its development in the various countries, nursing to-day has this one cornerstone.

Human physical ills and conditions of health are much the same everywhere. Human sympathy is the same. A more democratic recognition of every man's need and right to health has made itself felt throughout the world. The position of women is improving in almost every country, and women are consciously making an effort to improve it. Finally, as nursing must more and more be founded upon the sciences, biology, chemistry and psychology—of modern scientific medicine, and as the necessity of more science in nursing is recognized, so the art of nursing is being developed upon a foundation common to all conditions.

The lectures and classes of the summer school, as in the winter sessions, were planned to meet the needs of public health nurses and those in hospital administration and teaching. The topics of the lectures and class discussions included:

Principles of Education.
Miss Melhuish, Final History Honors, Oxon, M.A. (Vict.), Late University Reader in Education at Bedford College.

Ethical Principles and Practical Problems.
Professor Beatrice Edgell, D. Litt., Wales, Ph.D. (Wurzburg), University Professor in Psychology at Bedford College.

Principles of Teaching Applied to Schools of Nursing.
Miss Gertrude Hodgman, R.N., M.A., Assistant Professor, School of Nursing, Yale University.

Principles of Teaching Applied to Health Education.
Miss Jean Browne, R.N., Director, Junior Section, Canadian Red Cross.

Mental Hygiene.
Auguste Ley, M.D., Professor of Psychiatry, University of Brussels.

Miss Reimann, Secretary of the International Council of Nurses, led some lively discussions on nursing legislation and nursing organization. There was also a discussion, with lantern slides, on the Junior Red Cross. Excursions to numerous hospitals and other institutions were arranged for.

Aside from this curriculum program, those responsible for the course had arranged a number of delightful social events, garden parties, luncheons, and a swimming gala. These were greatly enjoyed and appreciated and proved a splendid balance for the other aspects of the program. The annual dinner of the Old Internationals' Association appropriately closed the summer school. Miss Cecile Mechelynck, Belgium, the newly-elected President, presided.

As of almost any educational experience it would be difficult indeed to say what each individual gained from this three weeks' reunion. One of the Austrian students expressed more beautifully than I can repeat—but as I felt—how much the opportunities for study in an "*English Woman's College*" had meant to her and to her classmates. Few universities in Europe have yet opened their doors to nursing education.

To many of the students living in countries where conditions are similar the school must have meant what such meetings would mean to us in the United States—a renewal of inspiration for the work, and a stimulation of imagination in carrying it on. To the numerous students who came from "new countries" (strangely enough they refer to themselves as "new" because as nations they have only just come into "self determination") the school was the one opportunity to get help and inspiration in pioneer work.

To me, it was a test of my professional beliefs—a new light on old subjects—and a glimpse of strange, new and interesting vistas in our profession.

GERTRUDE E. HODGMAN

REVIEWS AND BOOK NOTES

Edited by DOROTHY DEMING

YOUR NERVES AND THEIR CONTROL

By Foster Kennedy and Lewis Stevenson

D. Appleton & Co., New York. Price $1.50

The theory behind the writing of this book is that "nervousness is often far more than an emotional upset affecting the personality of the individual" and is "usually the result of some actual disease of the brain and spinal cord or other portion of the nervous system." Over half of the book is devoted to a description of the structure of the nervous system and a cursory discussion of structural diseases.

The authors have addressed their book to laymen, high school teachers and biology students who have very likely received much more education along the lines of physical and psychogenic disorders than of neurological disturbances. In so far as it supplements their knowledge of neurological disorders it serves a useful purpose, but to the reviewer it seems misleading in the emphasis it places as to the causes of the abnormal conditions. The book was not written primarily for nurses and does not seem to meet their needs. It is the reviewer's belief that nurses are much more in need of information on functional than on neurological disturbances as an addition to their formal training.

LOIS BLAKEY

PUBLICITY FOR SOCIAL WORK

By Mary Swain Routzahn and Evart G. Routzahn

Russell Sage Foundation, New York. Price $3.00.

The why and wherefore of publicity in social work is pictured very vividly in this book. To quote, "On this interpretation of the nature of publicity for social work, namely, that it consists in disseminating information directed toward human betterment; that it has no certain, constant audience; and that it is purposeful and aggressive, we base the discussion of its technique in this book. The method of presentation here chosen is largely the setting forth of accepted principles, or, where these are lacking, of the best judgment we could obtain in regard to the process, illustrated by examples drawn from the practises of social agencies."

The table of contents includes all of the intricate problems of publicity with which we, as public health workers, have been struggling for the past ten years. The illustrations have been most carefully chosen from the experience and achievements of a large number of organizations throughout the land. The practical value of the book should be noted and the clearness with which it is presented.

The book is divided into six definite parts, with several chapters in each. Part I is the "Analysis of the Task" with chapters on "Attracting Attention," "Holding Attention," "Obtaining Good-Will," and "Obtaining a Response." Part II covers "Social Work and the Newspaper"; Part III, "Printed Matter"; Part IV, "Meetings"; Part V, "Special Occasions"; and Part VI, "The Intensive Campaign."

The concluding chapter, "The Publicity Program," emphasizes the importance of a carefully planned yearly publicity program as an essential phase in the work of social agencies.

This is a book which should be in the hands of every executive in public health, not only for reference but for careful study.

HARRIET LECK

Recent books on Mental Hygiene:

The Nervous Child and His Parents, by Frank Howard Richardson. G. P. Putnam's Sons, New York City. Price $2.50.

Why Men Fail, edited by Morris Fishbein and William A. White. The Century Company, New York City. Price $2.00.

The Hygiene of Instruction.—A study of the Mental Health of the School Child, by Lawrence Augustus Averill, Ph.D. Houghton Mifflin Co. With special attention to the Mental Hygiene of the School Day, the Mental Health of the Problem Child, Home Sources of Conflict and Child Guidance Clinics.

CANCER: A PROFESSIONAL RESPONSIBILITY AND A PUBLIC LIABILITY

By Albert Soiland, M.D.

D. Appleton and Co., New York. 1928. Price $1.50.

Dr. Soiland's new book on cancer ought to be of value to both professional and non-professional groups. He has presented the many sides of the subject in a clear and simple manner, giving in a few words the facts that have been gathered from all sources and evaluates them in such a way as to leave the reader unbiased by any dogmatic statements.

The public health nurse reading this book will find not only answers to many of her own questions but much that will help her to answer wisely the questions of those who turn to her for help and guidance.

Dr. Soiland makes a strong plea for sound publicity as the one way to break down the walls of superstition and ignorance that make it possible for quacks and cults to thrive at the expense of human suffering, besides the needless sacrifice of many lives.

The subtitle of the book, "A Professional Responsibility and a Public Liability," is the *motif* carried through the whole thesis which is a plea for coöperative effort on the part of all who serve humanity, to work together with the knowledge at hand against the scourge of cancer.

ELIZABETH ROSS

The proceedings of the Citizens Conference on Community Welfare held in Washington, D. C., in February may be ordered from the Association of Community Chests and Councils, Graybar Building, Lexington Avenue and 43rd Street, New York City.

The July 1928 number of *The Family,* containing many of the addresses given at the Memphis Convention, is a valuable one for public health nurses. Emphatic attention is called to the following articles:

Personality and its Development as it is Affected by Financial Dependency and Relief Giving.
The Usefulness of the Volunteer in Social Work.
Underlying Principles and Common Practices in Social Work.

A new motion picture "Method of Procedure in Case of an Accident or Occupational Disease" has been issued by the Bureau of Industrial Hygiene, Department of Labor, Washington, D. C. The Department will take its motion pictures to plants and factories for exhibition during the noon hour, or industries may purchase.

The New York Tuberculosis and Health Association has prepared an exhibit on health education in the clinic. The motto of the exhibit is "Man is More Than Organs" and the question, "Are you treating him with this in mind?" is asked. The exhibit shows how this may be done with posters, pamphlets, and health literature. Pictures showing where it is now being done and how material is used to educate clinic patients in keeping well are on display.

Fresh off the press is the American Social Hygiene Association pamphlet No. 604 *A Classified List of Social Hygiene Publications.* This 20 page bibliography is the result of many hours' discussion and correspondence among members of the Association's advisory committee and staff. To nonmembers the cost is 10 cents per single copy, $5.00 per hundred and $25.00

per thousand. 370 Seventh Ave., New York City.

"Young Strong-Heart" is the title of a "still" film just released for use in machines such as the Spencer Lens and Brayco projectors. The film deals with the treatment and prevention of rheumatic fever in childhood. It is profusely illustrated with human-interest pictures. The captions are written in popular tone for the instruction of parents, teachers, nurses and others interested in the subject. American Heart Association, 370 Seventh Avenue, New York City.

Child Development and Parental Education in Home Economics—A survey of Schools and Colleges, by Anna E. Richardson, American Home Economics Association, and Mabel Lawrence Miller, Fellow in Parental Education, Merrill-Palmer School. American Home Economics Association, Baltimore, 1928.

This publication is a report of the first investigation made by the American Home Economics Association under its four-year grant from the Laura Spelman Rockefeller Memorial for the study of child development and parental education in relation to home economics. Its purpose is to show the extent to which work in these subjects is offered in home-economics departments of schools and colleges and the content and scope of the programs followed.

The information was obtained through questionnaires sent to heads of home-economics departments in colleges and to city, State, and territorial supervisors. The replies are analyzed in detail with the aid of many tables.

The report contains much material of value to persons who wish to organize courses in these subjects or to obtain the coöperation of other public and private agencies in developing programs in child care.

Makers of Nursing History, published by The Trained Nurse and Hospital Review, contains biographical sketches of women who have been prominent in nursing since the early days of Mlle Louise Le Gras, 1591, down to the present day. It includes an analysis of the work done in the Government services, covering the Army, Navy, Public Health Service, Veterans' Bureau, and Indian Service, as well as the development of the American Red Cross.

INTERESTING READING IN MENTAL HYGIENE

Allport, Floyd. Social Psychology. Houghton Mifflin Co., N. Y.
Burnham, William H. The Normal Mind. Appleton, N. Y.
Dorsey, George. Why We Behave Like Human Beings. Harper's, N. Y.
Edman, Irwin. Human Traits and Their Social Significance. Houghton Mifflin Co., N. Y.
Groves, Ernest R. Personality and Social Adjustment. Longman's, N. Y.
James, W. Psychology, Briefer Course. Holt, N. Y.
McDougall, William. An Introduction to Social Psychology. Luce, Boston.
Myerson, Abraham. The Foundations of Personality. Little, Brown & Co., Boston.
The Nervous Housewife. Little, Brown & Co., Boston.
Overstreet, H. A. Influencing Human Behavior. People's Institute Publishing Co., N. Y.
Pratt, George K. Your Mind and You. National Health Council Series, Funk & Wagnalls, N. Y.
Robinson, J. H. Mind in the Making. Harper's, N. Y.
Tansley, A. G. The New Psychology and Its Relation to Life. Dodd, Mead, N. Y.
White, William A. Principles of Mental Hygiene. Macmillan Co., N. Y.
Mental Hygiene of Childhood. Little, Brown & Co., Boston.

NEWS NOTES

The death of Mary Ellen Richmond, director of the charity organization department of the Russell Sage Foundation, on September 14th, will bring to all who knew her a deep sense of loss, and will remind those who only knew her through her writings of her distinguished services in social work. Her books, "Friendly Visiting Among the Poor," "The Good Neighbor," "Social Diagnosis," "Social Case Work," all born of her experience in her chosen field, are household words among public health nurses. Her studies of Child Marriages, very recently published, provide the most authoritative knowledge we have of this difficult problem.

As has been announced the 57th Annual convention of the American Public Health Association will be held October 15–19 at the Stevens Hotel in Chicago. With the association are to meet the American Child Health Association and the American Social Hygiene Association. The convention will be attended by upwards of three thousand workers in all fields of health, including health officials from Germany, Switzerland, France and England, as well as delegates from Canada, Mexico and the Canal Zone.

A section designed particularly to meet the needs of the public health nurse will be the child hygiene section. One meeting of this section will be on "School Medical and Nursing Service." This discussion will be led by Ann Dickie Boyd, supervisor of nurses in the public schools of Denver, Colorado, who will have as her special topic "Nurses' Activities to Obtain Correction of Physical Defects."

A symposium on public health education will be under the direction of Dr. C.-E. A. Winslow, professor of public health at Yale University. In this section attention will be given to steps toward planning a health education and publicity program.

At a special session of the section on epidemiology, Dr. Edward S. Godfrey, Jr. will talk on "Milk-Borne Typhoid, Scarlet Fever and Diphtheria."

Delegates are at liberty to choose any field trips which interest them, and one tour which will be extremely valuable to the public health nurse includes inspection of the Visiting Nurse Association, a trip to Spaulding School for Crippled Children, and a trip through the Municipal Contagious Disease Hospital.

The American Dietetic Association will hold its annual convention in Washington, D. C., October 29–31. Of particular interest to nurses are the following papers:

The Development of Dietetics in the Medical Program for the Clinic—Frances Stern.

Nutrition and Growth—Lafayette B. Mendel, Yale University.

Nutrition and the Family in Social Organizations—Bailey T. Burritt, A. I. C. P., New York.

Nutrition Classes for Children—Dr. Mary Swartz Rose, Columbia University.

Educating the Public in Good Food Habits—Lucy H. Gillett, A. I. C. P., New York.

The Psychological Approach to the Patient—Dr. Lewllys F. Barker, Johns Hopkins Hospital.

Peace Time Diet Adapted to Days of Disaster—James Fieser, American Red Cross, Washington, D. C.

Full programs of the meetings may be obtained from the Association, Room 1122, 25 East Washington Street, Chicago.

As we go to press, word comes that Elizabeth G. Fox, Director of the Public Health Nursing Service of the American Red Cross, and Marie Phelan, Consulting Nurse, Maternity and Infancy Work, U. S. Children's Bureau, have been sent to Florida to organize disaster relief. Malinde Havey and Pansy Besom of the American Red Cross have been sent to Porto Rico.

Traveling fellowships in this country have been granted by the Rockefeller Foundation to Miss A. Mooney and Miss A. Hanrahan, Queen Victoria's Jubilee Institute (Irish Branch).

The First International Congress of Mental Hygiene will be held in the spring of 1930 in Washington, D. C., according to an announcement recently made by the Organizing Committee of the International Committee for Mental Hygiene. Those who wish to be kept informed of the progress of the plans for the Congress should send their names and addresses to Clifford W. Beers, 370 Seventh Avenue, New York City.

A bill of interest to all public health nurses is to come before the second session of Congress in December. The measure authorizes an annual appropriation of $1,000,000 for the purpose of paying the expenses of a new division in the United States Children's Bureau. Only $50,000 would actually be used for the administration of this service, the remainder of the million being allotted to the states to promote the welfare and hygiene of mothers and children and aid in the reduction of infant mortality. States would not be required to match the federal funds. An Advisory Committee on maternal and child welfare would be created by the proposed law. The Newton bill is designated now as H.R. 14070.

The National Committee for Mental Hygiene is coöperating with the Commonwealth Fund in aiding the Department of Public Welfare of Virginia to set up a mental hygiene clinic. The undertaking amounts to the establishment of a division of mental hygiene within this department, which will be organized along the same lines as a child guidance clinic and will provide consulting service for the dependent, delinquent and neglected children of the state. The Commonwealth Fund has appropriated $40,000 toward the program.

The National Committee for Mental Hygiene has been invited to study the mental hygiene needs of the State of California.

The Chicago Visiting Nurse Association now has a fleet of 28 cars being driven by the nurses. They have demonstrated that a car enables a nurse to do more work in less time than was dreamed possible.

The Department of Health Education at Teachers College, New York City, announces two new courses of unusual interest. In the winter session there will be a course in Methods of Teaching Lip Reading to Deafened Children, in coöperation with the New York League for the Hard of Hearing. In the spring session, in coöperation with the National Health Council through the National Society for the Prevention of Blindness, there will be given a course on Methods of Teaching in Sight Conservation Classes. A special sight conservation class will be developed as a teaching laboratory for this course. The instructors in both courses include eminent otologists and ophthalmologists.

The University of Minnesota is offering facilities for research in social hygiene to qualified graduate students. Candidates should apply to Miss Owings, Folwell Hall, University of Minnesota, Minneapolis.

Twenty-five hospitals and a dozen railroads in Georgia have responded to an appeal of the state health commissioner by promising reduced rates to rural school children in need of medical care, so that they may have the same expert medical service as is available to children in the larger cities of the state. No district in the state is over 75 miles from a hospital.

Ways and means of putting more milk into the diet is the theme of a contest to be promoted by the Evaporated Milk Association, with a first prize of $2,000, two of $1,000 each and 165 other prizes. Housewives and housekeepers are eligible to compete and must submit menus for the family for three days, and show recipes for

all foods containing milk. A quart of milk each day for each member of the family will be considered the optimum. Professor Katherine Blunt of the University of Chicago, Miss Katharine Fisher of the Good Housekeeping Institute and Miss Margaret Edwards of the American Child Health Association will act as judges.

Mlle. Juliette Parmentier, Secretary of the National Federation of Belgian Nurses, has gone to the Belgian Congo to take the responsibility of the nursing service for the Compagnie de Linéa. The concession for this Company was made by the Belgian Government on the condition that the Company should take charge of a hospital for natives, including the child welfare work and the public health service. The hospital will have a staff of one doctor, two nurses, and male native nurses trained by them. The district under Mlle. Parmentier's care covers an area of 90,000 acres.

The National Negro Business League has presented the Montgomery County Board of Health (Maryland) with a tall silver vase for the best negro health campaign carried on during the current year in any rural community in the United States. Cincinnati received a cup for the best work done in a city over 100,000 population, Henderson, Kentucky, for the city under 100,000. Montgomery County has had a full time health officer since 1923.

A special health exhibit train, furnished and equipped by the Missouri Pacific Railroad, was recently operated for a month in Texas. The train consisted of two exhibit and two lecture cars and cars to accommodate the staff of 12 to 15 physicians, sanitary engineers and technicians. The Texas health authorities, local physicians, and the U. S. Public Health Service and other Federal agencies furnished exhibit material and personnel to conduct lectures and demonstrations. One exhibit car displayed a model of a complete dairy farm and a miniature pasteurization plant in operation. The train traveled more than 2,500 miles during the month's tour, stopping at 115 towns and cities. It was visited by 70,000 people.

The next convention of the American Red Cross will be held April 22–25, 1929, at Washington. The change from autumn to spring in convention time leaves 1928 without a national gathering of delegates at Washington.

The New York State Nurses' Association will hold its annual meeting Tuesday morning, October 23, at the Leverich Towers Hotel, and the New York League of Nursing Education and the New York State Organization for Public Health Nursing will convene on the afternoon of the same day at the Hotel St. George, Brooklyn, N. Y.

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants, in Detroit October 4th, 5th, 11th and 12th.

The child-labor amendment was reendorsed by the National League of Women Voters, the National Congress of Parents and Teachers, and the National Young Women's Christian Association at their 1928 annual meetings.

A National Council of Parental Education, made up of organizations interested in parent education, was recently formed with headquarters at 41 East 42nd Street, New York City. Miss Edna N. White, director of the Merrill-Palmer School, is chairman of the council.